**2016 ENROLMENT FORM**

**PERSONAL DETAILS** (PLEASE ENSURE ALL FIELDS ARE COMPLETED)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname or Family Name</td>
<td></td>
</tr>
<tr>
<td>Given Names</td>
<td></td>
</tr>
<tr>
<td>Address (Number &amp; Street)</td>
<td></td>
</tr>
<tr>
<td>Suburb or Town</td>
<td>State (e.g. QLD)</td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Phone (Work)</td>
<td></td>
</tr>
<tr>
<td>Phone (Home)</td>
<td></td>
</tr>
<tr>
<td>Phone (Mobile)</td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact Name</td>
<td></td>
</tr>
<tr>
<td>Address (Number &amp; Street)</td>
<td></td>
</tr>
<tr>
<td>Suburb or Town</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Phone (Home)</td>
<td></td>
</tr>
<tr>
<td>Phone (Work)</td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYER / SPONSOR DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee / Sponsor Name</td>
<td>Contact Name</td>
</tr>
<tr>
<td>Address (Number &amp; Street)</td>
<td></td>
</tr>
<tr>
<td>Suburb or Town</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

**DO YOU CONSIDER YOURSELF TO HAVE A PERMANENT AND SIGNIFICANT DISABILITY?**  
Yes  No

If you answered yes to question above tick any applicable boxes.

- Visual / Sight / Seeing
- Physical Disability
- Chronic Illness
- Hearing
- Intellectual Disability
- Other (Please specify)

**DO YOU REQUIRE SPECIAL ASSISTANCE BECAUSE OF THE DISABILITY?**  
Yes  No

**SIGNATURE:**  
Student Services Department

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**HEAD CAMPUS - GOLDCOAST**  
Phone: (07) 5578 4302 | Fax: (07) 5578 8377  
107 Lakeside Berawa Drive, Varsity Lakes  
Qld 4227, Australia

**BRISBANE CAMPUS**  
Phone: (07) 3221 8899 | Fax: (07) 3221 8688  
Ground Level, 37 Boundary Street, South Brisbane  
Qld 4197, Australia

**WWW.ACIT.EDU.AU**
**AUSTRALIAN COLLEGE OF INFORMATION TECHNOLOGY – 2008 ENROLMENT FORM**

**EDUCATIONAL DETAILS**

- **What is your highest completed school year? (e.g. yr 12)**
- **In which year did you complete that school level?**
- **Are you still attending secondary school?**  
  - Yes
  - No
- **Since leaving school have you completed any qualifications?**  
  - Yes
  - No
- **If you answered yes to question above tick any applicable boxes.**
  - Trade certificate
  - Advanced / Technician certificate
  - Certificate other than above
  - Associate diploma
  - Undergraduate diploma
  - Degree of postgraduate diploma
  - Unspecified

**EMPLOYMENT STATUS**

- **Of the following categories, which best describes your current employment status? (Please tick one)**
  - Full-time employee
  - Part-time employee
  - Self employed (not employing others)
  - Employer
  - Employed - unpaid family worker
  - Unemployed - seeking full-time work
  - Unemployed - seeking part-time work
  - Not employed - not seeking employment

**FAMILY BACKGROUND**

- **Are you an overseas fee paying student?**  
  - Yes
  - No
- **What is your nationality?**
- **Are you of aboriginal or Torres Strait Islander origin?**  
  - Yes
  - No
- **Were you born in Australia?**  
  - Yes
  - No
- **If no, in which country were you born?**
- **Are you a permanent Australian resident?**  
  - Yes
  - No
- **Do you speak a language other than English at home?**  
  - Yes
  - No
- **If yes, specify the language spoken**
- **Do you need special assistance with English during your studies at the college?**  
  - Yes
  - No

**How did you hear about this course? (tick appropriate box)**

- VTAC Guide
- Family / Friends
- Mail-out Brochure
- G.C. Bulletin
- Local Paper
- Radio
- Other:
- Career Teacher
- Employer
- Centrelink
- Courier Mail
- Trade Journal
- Television
**AGENCY NAME**

**CONTACT PERSON**

**ADDRESS (NUMBER & STREET)**

**SUBURB OR TOWN**

**EMAIL**

**POSTCODE**

**PHONE (HOME)**

**PHONE (MOBILE)**

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**HAVE YOU PREVIOUSLY ENROLLED AT THE COLLEGE?**

- **YES**
- **NO**

**IF YES WHAT YEAR?**

**COURSE NAME** | **START DATE** | **FINISH DATE** | **FT** | **PT** | **COURSE FEES**

|   |   |   |   |   |   |

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**INTERNATIONAL STUDENTS ONLY**

**CODE:**

**SCORE:**

**BALANCE DUE**

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**DISC. RECEIVED**

**GST**

**SUBTOTAL**

**DEPOSIT**

---

**EXAM PACK INCLUDED?**

- **YES**
- **NO**

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1. I support my obligation to pay the instalments under the Payment Plan on the due dates for payment.
2. I agree that if at any time I fail to pay one or more of the instalments under the payment plan on the due dates for payment, the College may at its discretion terminate my enrolment and/or at anytime call up and enforce rights under any Bank Guarantee and/or Security provided (if any) to compensate the College for the amount of the arrear instalments as well as for any loss or damage suffered by the College by reason of failure to pay on the due date.
3. I agree to pay all fees owing by the due date.
4. No refunds are applicable for Scholarship, Part Scholarship or special discounted packages for the courses that I enrol in.
5. ACIT reserves the right to change dates, courses and fees without notice.
6. I have read the above and the Pre Enrolment Information and the course summary for the course/s in which I am enrolling and I am satisfied with the conditions.

**I HEARBY AGREE TO THE ABOVE TERMS AND CONDITIONS**

**SIGNATURE:**

**DATE:**

---

**CASE MANAGEMENT**

**AGENCY NAME**

**CONTACT PERSON**

**ADDRESS (NUMBER & STREET)**

**SUBURB OR TOWN**

**STATE (E.G. QLD)**

**EMAIL**

**POSTCODE**

**PHONE (HOME)**

**PHONE (MOBILE)**

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**DAYS OF PROPOSED ENROLMENT**

|   |   |   |   |   |   |

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**HEAD CAMPUS - GOLD COAST**

**Brisbane Campus**

PHONE: (07) 3211 8699 | FAX: (07) 3211 8688

107 Lake Side Berwood Point, 1 Lake Orr Drive, Varsity Lakes

QLD 4227, Australia

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**World Wide Web:** www.acit.edu.au
## AUSTRALIAN COLLEGE OF INFORMATION TECHNOLOGY – 2008 ENROLMENT FORM

### PAYMENT IN ADVANCE

<table>
<thead>
<tr>
<th>Course Fees: $</th>
<th>Amount Due: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount: $</td>
<td>Balance Due: $</td>
</tr>
<tr>
<td>Sub Total: $</td>
<td></td>
</tr>
<tr>
<td>GST: $</td>
<td></td>
</tr>
</tbody>
</table>

### PAYMENT TO BE MADE BY: (TICK APPROPRIATE BOX)

- [ ] Cash / Cheque
- [ ] Credit Card
- [ ] Other

**Credit Card:**
- Visa
- Mastercard
- Bankcard
- Amex

### Credit Card Holder's Name

**Card Number**

**Expiry:**

**Amount:**

**Signature:**

### Is This Enrolment Subject To Finance? (TICK APPROPRIATE BOX)

- [ ] Yes
- [ ] No

**Financial Institution:** (Name of bank, credit union or other finance provided)

**Amount Applied For:**

**Date of Application:**

*All deposit monies will be refunded on written evidence of non-acceptance of the loan application*

### I Agree to Pay the Enrolment Fee of: $ by way of: $ Deposit

**With 10% Administration Fee:**

**Equalising Balance:**

**To be Paid by the way of (TICK APPROPRIATE BOX):**

- [ ] Weekly
- [ ] Fortnightly
- [ ] Monthly

**Instalments of:**

**= $**

**First Payment Date:**

**Signature:**

### I Agree to Pay the Enrolment Fee of: $ by way of: $ Deposit and

**To be Paid by the way of (TICK APPROPRIATE BOX):**

- [ ] Bank Guarantee
- [ ] Other

**Instalments of:**

**= $**

**First Payment Date:**

**Signature:**

---

I agree that if at any time I fail to pay one or more of the instalments under the payment plan on the due dates for payment, the College may at its discretion terminate my enrolment and/or at anytime call up and enforce rights under the Bank Guarantee and/or Security to compensate the College for the amount of the arrear instalments as well as for any loss or damage suffered by the College by reason of failure to pay on the due date.

**Signature:**

**Date:**

---

**Head Campus - Goldcoast**

Phone: (07) 5578 8122 | Fax: (07) 5578 8077

107 Lakeside Bermuda Point, 1 Lake Orr Drive, Varsity Lakes

QLD 4227, Australia

**Brisbane Campus**

Phone: (07) 3221 8899 | Fax: (07) 3221 8688

Ground Level, 37 Boundary Street, South Brisbane

QLD 4101, Australia

[www.ACIT.edu.au](http://www.ACIT.edu.au)