

# Priority Enrolment Form

Course Name

Student No.  
Office use only

Course Code

Duration (months)

Please check and complete the following contact information.

Phone (day)**
Phone (evening)
Mobile
DOB**
Email Address**

\*\* You must submit these in order for us to process your enrolment.

→

## PLEASE CHOOSE YOUR STUDY OPTION:

PRINTED STUDY OPTION

ONLINE STUDY OPTION

## PLEASE CHOOSE YOUR PAYMENT OPTION:

PAY IN FULL OPTION

Discounted price with 10% off

MONTHLY INSTALMENTS OPTION    Number of instalments:

First Instalment

Remaining Instalments

## COMPLETE THE APPROPRIATE PAYMENT SECTION BELOW:

**Cheque or Money Order**    Make payable to Cengage Education and attach to this form.

**Credit Card**    MasterCard     Visa     American Express     Diners Club

Card No.	_____
Expiry date	_____ Month _____ Year
Card holder's name	_____
Signature	_____

### AUTOPAY – SAVE TIME AND MONEY

I/We authorise Cengage Education Pty Ltd to deduct regular payments from my/our credit card, as specified above, until further notice.

My/Our preferred date of deduction is the \_\_\_\_\_ of each month.

Your Signature/s

Date

**Bank Account**

I/We request to you until further notice in writing to debit my/our account described in the schedule any amounts that Cengage Education (user ID number 014120) may debit or credit me/us through the direct debit system. **Cengage Education Pty Ltd Direct Debit Request (DDR):** Please note that direct debits are not available on the full range of accounts.

If you are in doubt about the account you wish to nominate as your Cengage Education direct debit account, then please contact the Financial Institution where your account is based.

**To: Cengage Education Pty Ltd, APCA user ID Number 014120:** I/We authorise you to arrange for funds as specified overleaf to be debited from my/our account at the Financial Institution identified here and as prescribed through the Bulk Electronic Clearing System (BECS):

Financial Institution	_____
Branch address	_____
Bank/State/Branch No.	_____
Account No.	_____
Account name	_____

### AUTOPAY – SAVE TIME, MONEY AND HASSLE

I/We acknowledge that this Direct Debit Arrangement is governed by the terms and conditions of the Cengage Education Pty Ltd Direct Debit Arrangement, which I have received and read.

My/Our preferred date of deduction is the \_\_\_\_\_ of each month.

Your Signature/s

Date

## PERSONAL DETAILS

<b>1) ENTER YOUR FULL NAME:</b>	Family Name (Surname)	
	Given Names	
<b>2) ENTER YOUR BIRTH DATE:</b>	Day/Month/Year _____	<b>3) SEX (Tick ONE box only)</b>
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>4) WHAT IS THE ADDRESS OF YOUR USUAL RESIDENCE?</b>		
	Suburb, locality or town	Postcode:
<b>5) WHAT IS YOUR POSTAL ADDRESS?</b>	Building/Property name	
	Flat/Unit number/Street number	Street name
		State/Territory
	PO Box or Roadside Delivery Box	Postcode:

## LANGUAGE AND CULTURAL DIVERSITY

<b>6) IN WHICH COUNTRY WERE YOU BORN?</b>	Australia <input type="checkbox"/> 1101	Other – please specify
<b>7) DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?</b>	No, English only <input type="checkbox"/> 1201	<b>English only – Go to Question 9</b>
	Yes, other – please specify (If more than one language, indicate the one that is spoken most often.)	
<b>8) HOW WELL DO YOU SPEAK ENGLISH?</b>	Very well <input type="checkbox"/> 1	Well <input type="checkbox"/> 2
	Not well <input type="checkbox"/> 3	Not at all <input type="checkbox"/> 4
<b>9) ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?</b>	No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>
	(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.)	Yes, Torres Strait Islander <input type="checkbox"/>

## DISABILITY

<b>10) DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION?</b>		
Yes <input type="checkbox"/> Y	No <input type="checkbox"/> N	<b>No – Go to Question 12</b>
<b>11) IF YES, THEN PLEASE INDICATE THE AREAS OF DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION:</b>		
Hearing/Deaf <input type="checkbox"/> 11	Physical <input type="checkbox"/> 12	Intellectual <input type="checkbox"/> 13
Acquired Brain Impairment <input type="checkbox"/> 16	Vision <input type="checkbox"/> 17	Medical Condition <input type="checkbox"/> 18
	Learning <input type="checkbox"/> 14	Mental Illness <input type="checkbox"/> 15
	Other <input type="checkbox"/> 19	

## SCHOOLING

### 12) WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (TICK ONE BOX ONLY.)

Year 12 or equivalent  12      Year 11 or equivalent  11      Year 10 or equivalent  10  
 Year 9 or equivalent  9      Year 8 or below  8      Never attended school  2

**Never attended school – Go to Question 14**

### 13) IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

### 14) ARE YOU STILL ATTENDING SECONDARY SCHOOL?

Yes  Y      No  N

## PREVIOUS QUALIFICATIONS ACHIEVED

### 15) HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?

Yes  Y      No  N      **No – Go to Question 17**

### 16) IF YES, THEN TICK ANY APPLICABLE BOXES.

Bachelor Degree or Higher Degree	<input type="checkbox"/> 008	Advanced Diploma or Associate Degree	<input type="checkbox"/> 410
Diploma (or Associate Diploma)	<input type="checkbox"/> 420	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> 511
Certificate III (or Trade Certificate)	<input type="checkbox"/> 514	Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524	Certificates other than the above	<input type="checkbox"/> 990

## EMPLOYMENT

### 17) OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (TICK ONE BOX ONLY.)

Full-time employee	<input type="checkbox"/> 1	Employed – unpaid worker in a family business	<input type="checkbox"/> 5
Part-time employee	<input type="checkbox"/> 2	Unemployed – seeking full-time work	<input type="checkbox"/> 6
Self employed – not employing others	<input type="checkbox"/> 3	Unemployed – seeking part-time work	<input type="checkbox"/> 7
Employer	<input type="checkbox"/> 4	Not employed – not seeking employment	<input type="checkbox"/> 8

## STUDY REASON

### 18) OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINESHIP/APPRENTICESHIP? (TICK ONE BOX ONLY.)

To get a job	<input type="checkbox"/> 1	It was a requirement of my job	<input type="checkbox"/> 6
To develop my existing business	<input type="checkbox"/> 2	I wanted extra skills for my job	<input type="checkbox"/> 7
To start my own business	<input type="checkbox"/> 3	To get into another course of study	<input type="checkbox"/> 8
To try for a different career	<input type="checkbox"/> 4	For personal interest or self-development	<input type="checkbox"/> 12
To get a better job or promotion	<input type="checkbox"/> 5	Other reasons	<input type="checkbox"/> 11

### We respect your privacy

It is a requirement of the *Privacy Act 1988* that you are informed about the collection of your personal information and how we may use it. The personal information you provide on this form is being collected for the purpose of processing your enrolment as a student, and assisting us in improving our service to you. Cengage Education is collecting the information. You have a right of access to and alteration of personal information. Should you have any questions, call us on 1300 650 011. Or write to: The Privacy Officer, Cengage Education Pty Ltd, Locked Bag 900, Artarmon, NSW 1570, including your student number and name and address exactly as they appear in this mailing. For more detail on how we protect your privacy, and how to access your details please see the Cengage Education Privacy Policy at [www.cengage.edu.au/privacy-policy](http://www.cengage.edu.au/privacy-policy). From time to time we are able to offer you products and services from other reputable companies. We respect your privacy – if you do not wish to receive further direct marketing offers from Cengage Education, please indicate by ticking the box below.

I do not wish to receive offers from Cengage Education

**Please refer to the terms and conditions in the Student Agreement enclosed. I have read, understood and agreed to these terms and conditions.**

Student name	Date
<input type="text"/>	<input type="text"/>
Student signature	
<input type="text"/>	

If student is under 18 years, a parent or guardian must complete this section.

Parent/Guardian name (if applicable)
<input type="text"/>
Parent/Guardian signature (if applicable)
<input type="text"/>
Parent/Guardian address (if applicable)
<input type="text"/>
<input type="text"/>

\*Some courses are exempt from this offer.

### Office use only

	Initial
Entered into AS400	<input type="text"/>
Enrolment Form sent to Student Services	<input type="text"/>
Enrolment Form filed by Student Services	<input type="text"/>

**Please return signed form in the prepaid envelope provided.**