

**Domestic Enrolment Form – Short Courses**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Intended Course of Study** | | | | | | | | | | | | |
| Course Name | |  | | | | | | | | | | |
| Location | |  | | | | | | | | | | |
| Campus Location | | ❑ Victoria ❑ New South Wales ❑ South Australia ❑ Western Australia | | | | | | | | | | |
| Venue (write the complete address of the venue and postcode) | |  | | | | | | | | | | |
| Start Date | |  | | | | | Deposit | | |  | | |
| **Personal Details** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Title | First Given Name | | | | Second Given Name (Middle) | | | | | Family Name (Surname) | | |
|  |  | | | |  | | | | |  | | |
| Enter your birth date (Day/month/year) | | | | | Gender (Tick ONE box only) | | | | | | | |
| / / | | | | | ❑ Male ❑ Female ❑ Other (Indeterminate/Intersex/Unspecified) | | | | | | | |
| Enter your contact information | | | | | | | | | | | | |
| Home phone (including area code) | | |  | | | Mobile | | | | |  | |
| Email address | | |  | | | | | | | | | |
| Preferred Contact method (Tick one only) | | | ❑ Email ❑ Mobile ❑ Post | | | | | | | | | |
| Enter contact information in case of emergency | | | | | | | | | | | | |
| Emergency contact name | | | Relationship to you | | | | | Emergency contact number | | | | |
|  | | |  | | | | |  | | | | |
| Building/property name | | | |  | | | | | | | | |
| Flat/Unit details | | | |  | | | | | | | | |
| Street or lot number  (e.g., 205 or Lot 118) | | | |  | | | | | | | | |
| Street Name | | | |  | | | | | | | | |
| Suburb, locality or town | | | |  | | | | | | | | |
| State/territory | | | |  | | | | | Postcode | | |  |
| What is your postal address (if different from above)? | | | | | | | | | | | | |
| Building/property name | | | |  | | | | | | | | |
| Flat/Unit details | | | |  | | | | | | | | |
| Street or lot number  (e.g., 205 or Lot 118) | | | |  | | | | | | | | |
| Street name | | | |  | | | | | | | | |
| Postal delivery information  (e.g., PO Box 253) | | | |  | | | | | | | | |
| Suburb, locality or town | | | |  | | | | | | | | |
| State/territory | | | |  | | | | | Postcode | | |  |

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| ***Marketing Use Content***  **I give ETEA permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.**  **I authorise images of my participation in training to be used by ETEA for future marketing and business purposes.**  **I understand that I retain the right to withdraw my consent at any time.**  **❑ I choose to opt-in for this marketing and usage consent.**  **❑ I choose to opt-out of this marketing and usage consent.** | | | | | | |
| **Privacy Notice and Applicant Declaration** | | | | | | |
| Applicant Signature |  | Date | |  | | |
| Time of signing | |  | | |
| \*Parental/guardian consent is required for all students under the age of 18 | | | | | | |
| Parent/Guardian Name: |  | | | | | |
| Parent/Guardian Signature: |  | Date | | |  | |
|  | | | | | | |
|  | | | | | | |
| **Applicant Declaration and Consent** | | | | | | |
|  | | | | | | |
| Applicant Signature |  | | Date | | |  |
| Time of signing | | |  |
| \*Parental/guardian consent is required for all students under the age of 18 | | | | | | |
| Parent/Guardian Name: |  | | | | | |
| Parent/Guardian Signature: |  | | Date | | |  |
| Time of signing | | |  |