

**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 |  |
|  |
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| **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 |  |