# Enrolment form

**Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course or program (for example name of course, unit or traineeship) |  | | | | |
| First Name: |  | | | Last Name: |  |
| Full name for Certificate: |  | | | Date of Birth: |  |
| \*\*Email Address: |  | | | Home Phone: |  |
| Street Address: |  | | | Suburb: |  |
| State: |  | Postcode: |  | Country: |  |
| Work Phone: |  | | | Mobile Phone: |  |
| Sex: | Male Female | | |  |  |

\*\* You must provide an email address.

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# (Confidential)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your country of birth? |  | | What language do you speak at home? | |  |
| Are you still attending school? | Yes No | | What year did you leave school? | |  |
| Are you of Aboriginal and/or Torres Strait Islander origin? | | | | | Yes/No |
| What is your Australian citizenship/residency status? | | Australian Citizen  Permanent resident  Temporary resident  If you are on a visa, please state the type of visa: | | | |
| What is your current employment status? | | Full time employee  Part time employee  Employer  Self employed – not employing others  Employed–unpaid worker in family business  Unemployed –Not seeking employment  Unemployed–Seeking employment  Volunteer | | | |
| What is the highest tertiary qualification you have completed? | | Certificate 1  Certificate II  Certificate III (or Trade Certificate)  Certificate IV (or Advanced certificate/Technician)  Diploma (or Associate Diploma)  Bachelor Degree or Higher Degree  Advanced Diploma (or Associate Degree) | | | |
| What year did you complete your last qualification: | |  | | | |
| Do you consider yourself to have any disabilities?  Yes No | | Hearing  Visual  Intellectual  Learning | | Mental illness  Medical condition  Acquired brain impairment  Physical  Other | |

**Do you have any requests or comments?**

**Consent to Release of Information:** I certify that the above information is correct and give DLA permission to release the results of my course to other RTO’s so that they can recognise this qualification across Australia.

I agree to email notification of course updates from Distance Learning Australia. (Please indicate No if you don’t agree) \_\_\_\_

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Course Payment Form

Thank you for enrolling in a course with Distance Learning Australia.

## Payment form: Credit Card Payment

**Customer details**

Credit card details Visa or Mastercard

Credit card holder name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit card expiry \_\_\_\_/\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_

Payment – Are you paying upfront, per month or per week?

**Upfront $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per Month $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per week $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature:

Date:

If you are paying by credit card, including on a payment plan, by signing this form you are authorising Distance Learning Australia to deduct regular payments for the term of the plan.

**Thank you for your enrolment**