

ENROLMENT FORM

BTTA

BEAUTY THERAPY
TRAINING AUSTRALIA

RTO No. 31748

Is this the first time you have enrolled at this organisation?

YES NO

If YES, then state year study is to commence, i.e. 2019 _____

If NO, state student ID (if you have a former student ID) _____

Training contract number (Where applicable) _____

Unique Student Identifier (USI) _____

TITLE: (Please tick ONE box only) MR MISS MRS MS OTHER _____

GENDER: (Please tick ONE box only):

MALE FEMALE

FAMILY NAME:

Surname:

Given Names: _____

DATE OF BIRTH: (dd/mm/yyyy) _____ / _____ / _____

ADDRESS OF USUAL RESIDENCE: Number and Street: _____

Suburb: _____ State/Territory: _____ Postcode: _____

POSTAL ADDRESS: Number and Street: _____

PO Box **OR** Roadside Delivery Box: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Phone Hm: _____ Wk: _____ Mob: _____

E-mail: _____ Fax: _____

EMERGENCY CONTACT

Nirvana By The Sea,
Shop 7 - 8/1 Douglas Street COOLANGATTA QLD 4225
Postal Address: P.O. Box 87, Tweed Heads, N.S.W. 2485
Phone: 07 5599 5568
ABN: 80 105 325 639
RTO Code: 31748
CRCOS Provider No:03574D

Web: www.beautytherapytraining.com.au

E-mail: contact@beautytherapytraining.com.au

Desktop/STANDARDS/Standard 05/Enrolment Form/Version 1.0 07/17

ENROLMENT FORM

Name: _____ Relationship: _____

Address: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Phone: _____

EMPLOYER

Company Name: _____

Address: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Phone: _____

Are you enrolling in a formal qualification? YES NO

If YES, then state qualification title: _____ **CODE:** _____

If NO, then you are enrolling in module/unit of competency only activity **CODE:** _____

I will be studying (tick ONE box only) FULL_TIME PART_TIME EXTERNAL

Name of Qualification _____

UNITS OF COMPETENCY (only if enrolling in individual units)

	Unit Code	Unit of competency	Class Code
CORE UNITS			
1			
2			
3			
4			
5			
6			
7			
8			
ELECTIVES			
9			
10			
11			
12			
13			
14			
15			
16			

1. In which country were you born?

Australia	Other - Please Specify
-----------	------------------------

ENROLMENT FORM

--	--

2. Do you have permanent residence in Australia?

Yes	No
-----	----

3. Are you of Aboriginal or Torres Strait Islander origin? (Tick One)

No	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, Both Aboriginal And T S I
----	-----------------	-----------------------------	--------------------------------

4. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English only - Go to Question 6	Yes, Other - Please specify
-------------------------------------	-----------------------------

5. How well do you speak English?

Very Well	Well	Not Well	Not At All
-----------	------	----------	------------

6. Do you consider yourself to have a disability, impairment or long-term condition?

Yes	No - Go to Question 8
-----	-----------------------

7. If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

Hearing/Deaf	
Physical	
Intellectual	
Learning	
Mental illness	
Acquired Brain Impairment	
Vision	
Medical Condition	
Other	

8. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent	
Year 11 Or Equivalent	
Year 10 Or Equivalent	

ENROLMENT FORM

Year 9 Or Equivalent	
Year 8 Or Below	
Never Attended School	
Vision	
Medical Condition	
Other	Go to Question 9

9. In which YEAR did you complete that school level?

--

10. Are you still attending secondary school?

YES	NO
-----	----

11. Have you attempted or completed any of the following qualifications? Tick Yes or No to ANY applicable boxes.

Level of Qualification	Attempted	Completed
Bachelor Degree Or Higher Degree		
Advanced Diploma Or Associate Degree		
Diploma (Or Associate Diploma)		
Certificate IV (Or Advanced Certificate/Technician)		
Certificate III (Or Trade Certificate)		
Certificate II		

ENROLMENT FORM

Certificate I		
Certificates Other Than Above		

12. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

Full-Time Employee	
Part-Time Employee	
Self-Employed - Not Employing Others	
Employer	
Employed - Unpaid Worker In a Family Business	
Unemployed - Seeking Full-Time Work	
Unemployed - Seeking Part-Time Work	
Not Employed - Not Seeking Employment	

13. Your major reason for study? (Tick ONE box only.)

Nirvana By The Sea,
 Shop 7 - 8/1 Douglas Street COOLANGATTA QLD 4225
 Postal Address: P.O. Box 87, Tweed Heads, N.S.W. 2485
 Phone: 07 5599 5568
 ABN: 80 105 325 639
 RTO Code: 31748
 CRCOS Provider No:03574D

Web: www.beautytherapytraining.com.au
 E-mail: contact@beautytherapytraining.com.au

ENROLMENT FORM

Get a Job	
To Develop my Existing Business	
To Start my Own Business	
To Try for a Different Career	
To Get a Better Job or Promotion	
It Was a Requirement of My Job	
I Wanted Extra Skills For My Job	
To Get into Another Course of Study	
For Personal Interest, Self-Development or Other Reason	

Recognition of Prior Learning

Are you seeking Recognition of Prior Learning?

Yes

No

Notes

I have read and accepted the terms and conditions of the fees and refund policy as described in the Pre-enrolment Information.

I give permission for Beauty Therapy Training Australia Pty Ltd to review and report my training progress with representatives from the Department of Education and Training, Department of Industry and my employer (if applicable). I understand that I can authorise others to receive this information only by completing a Participant Records Access Form.

Nirvana By The Sea,
Shop 7 - 8/1 Douglas Street COOLANGATTA QLD 4225
Postal Address: P.O. Box 87, Tweed Heads, N.S.W. 2485
Phone: 07 5599 5568
ABN: 80 105 325 639
RTO Code: 31748
CRCOS Provider No:03574D

Web: www.beautytherapytraining.com.au

E-mail: contact@beautytherapytraining.com.au

ENROLMENT FORM

The information provided by you may be used by or on behalf of the State or Commonwealth Governments for statistical purposes, conducting surveys, enrolment, educational or strategic planning purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

SIGNATURE: _____ **DATE:** ____ / ____ /
