Enrolment Form

SCNT SYDNEY COLLEGE OF NATURAL THERAPY RTO # 41590

PERSONAL DETAILS

Last Name			
Given Name/s			
Date of birth		**Gender (please tick)**	☐ Male ☐ Female ☐ Not specified
Country of birth		**City of Birth**	
Age declaration	☐ I am OVER 18 years of age ☐ I am UNDER 18 years of age		
Town/City of birth			
Phone		**Mobile**	
Email address			
Residential address			
Suburb			
State		**Postal code**	
Postal address *(if different from above)*			
Suburb			
State		**Postal code**	

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (please tick one only)

☐ Full-time employee   ☐ Employed - unpaid worker in family business
☐ Part-time employee   ☐ Unemployed - seeking full-time work
☐ Self-employed – no employees ☐ Unemployed - seeking part-time work
☐ Employer   ☐ Not employed - not seeking employment

EDUCATION AND TRAINING

What is your highest COMPLETED school level? (please tick one only)

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

In which YEAR did you complete that school level?	

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?	☐ Yes ☐ No

If YES, then tick any applicable boxes:

☐ Bachelor's Degree or Higher Degree
☐ Advanced Diploma or Associate Diploma
☐ Diploma (or Associate Diploma)
☐ Cert IV (or Advanced Cert/Technician)

☐ Cert III (or Trade Cert)
☐ Cert II
☐ Cert I
☐ Other Certificates

REASON FOR STUDY

Of the following categories, which BEST describes your main reason for undertaking this Course/Traineeship/apprenticeship? (please tick one only)

☐ To get a job	☐ It was a requirement of my job
☐ To develop my existing business	☐ I wanted extra skills for my job
☐ To start my own business	☐ To get into another course of study
☐ To try for a different career	☐ For personal interest or self-development
☐ To get a better job or promotion	☐ Other reasons

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? (please tick one)

☐ Australia   ☐ Other (please specify)

What is your current citizenship status (please tick one)

☐ Australian citizen	☐ Permanent resident	☐ New Zealand resident	☐ Temporary Visa Holder

If **Temporary Visa Holder** please provide temporary visa number	

Are you of Aboriginal or Torres Strait Islander origin? (please tick one)

☐ No   ☐ Yes, Aboriginal   ☐ Yes, Torres Strait Islander

Do you speak a language other than English at home? (please tick one)

☐ No, English only   ☐ Yes, other (please specify)

How well do you speak English? (please tick one)

☐ Very well   ☐ Well   ☐ Not well   ☐ Not at all

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?	☐ Yes ☐ No

If YES, please indicate below the areas of disability, impairment or long-term condition: (please tick - you may indicate more than one area)
If NO, please skip section

☐ Hearing/Deaf   ☐ Physical   ☐ Intellectual
☐ Medical condition   ☐ Mental Illness   ☐ Vision
☐ Acquired brain impairment ☐ Learning   ☐ Other: Click here to enter text.

*If **others** please specify and provide details:*	

Do you require extra assistance to complete your training?	☐ Yes ☐ No

*If **YES** please specify assistance needed:*	

EXISTING SKILLS AND KNOWLEDGE

Please describe any related work or industry experience (job role, description of responsibilities, inclusive dates, etc.) you have, if any:

Please list down any related qualifications you currently hold, if any:

Qualification Title and Code	Provider Name	Date Studied

UNIQUE STUDENT IDENTIFIER (USI)

A Unique Student Identifier (USI) is a reference number made up of numbers and letters that gives students access to their USI account. A USI will allow an individual's USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing an individual to see all of their training results from all providers including all completed training units and qualifications.

For more details please refer to "Unique Student Identifier (USI)" https://www.usi.gov.au/.

USI Reference Number:	

If you don't have a USI number, do you give SCNT authorisation to apply on your behalf?	☐ Yes ☐ No

If you ticked NO, please apply for your USI number directly from the Student Identifiers Registrar website http://www.usi.gov.au and provide it to SCNT within 14 days.

If you ticked YES, please complete the required information below and provide us with one of the following identification:

AUTHORISATION
In order for SCNT to apply for a USI on your behalf, please fill out all the information below:

I [Name], authorise SCNT to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

PERSONAL DETAILS
Please provide required information below

Title:		Last Name	
First Name:		Middle Name:	
Gender:	☐ Male ☐ Female	Date of Birth:	
Country of Birth:		Town of Birth:	
Mobile Number:		Email:	
Current Residential Address:			
Preferred method of contact:		☐ Email	☐ Mobile

IDENTIFICATION
Please provide one of the chosen identification types below. You must provide a copy of your current ID.

☐ Driver's license
☐ Immi Card
☐ Citizenship Certificate
☐ Certification of Registration by descent

☐ Medicare Card
☐ Australian Passport
☐ Visa (non – Australian Passport)
☐ Australian Birth Certificate

Drivers Licence Number:		State issued:	
Medicare Card Number:		Name on Card:	
Individual Reference Number:		Expiry Date:	

*If you have an objection to being assigned a Unique Student Identification (USI) number, you are able to apply for an exemption, directly to the Student Identifiers Registrar at http://www.usi.gov.au Please be advised that
- *SCNT will be unable to issue your statement of attainment or certificate upon completion of your study and training without a USI.*
- *Where the USI exemption applies, the results of the training will not be accessible through the Commonwealth and will not appear on any authenticated VET transcript*

PRIVACY POLICY

The primary purpose in collecting your information is to fulfil our business commitments to you in providing education and training. We may use the information you provide to help improve the services we deliver to you, measure interest in our services, inform you of other products and services or to comply with requirements under the law. We shall not otherwise disclose your personal information to any other party without your consent and we do not sell personal information to

third parties. More information can be found on the Privacy Policy and Student Handbook.

REFUNDS POLICY

A full refund of any fees paid (including the deposit) will apply where a student withdraws or cancels their course in writing within the cooling off period. The cooling off period is 10 days and applies from the date of first enrolment or sign-up.

No refund is provided for cancellations outside of the "cooling off" period however some cases may be considered but will be subject to SCNT management's discretion. In the case of online learning, training and assessment is deemed to have commenced once the learner has been issued a username and login, and these have been used to access the online material.

Details of SCNT's fees and charges / Refund Policy can be found in the Fee Administration and Refund Policy, Student Handbook and website http://www.scnt.edu.au

DECLARATION

I Name
(First, middle and last Name)

of Address
(current residential address)

With date of birth

Would like to apply for enrolment in the above course with SCNT (RTO #41590). I have read and understood the entry and course requirements, along with other course information, in the website. I have read the student handbook including the Fee Administration and Refund Policy, and other policies and procedures prior to enrolling.

STUDENT SIGNATURE		DATE	Click here to enter a date.

SCNT
SYDNEY COLLEGE OF NATURAL THERAPY
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PAYMENT OPTIONS

☐ **ONE UPFRONT PAYMENT OF:** Click here to enter text.

Select ONE Payment Method

☐ Cheque   ☐ Direct Debit
☐ Credit Card (proceed to next section)   ☐ Electronic Transfer (EFT)

Credit Card Authorisation

I Name
(first, middle and last name)

Authorise SCNT to debit Amount (amount) from the following credit card for the purpose of enrolling into training. For both upfront payments and payment plan amounts, please debit my card as per the selected payment option above according to the following details:

CARD TYPE	☐ VISA ☐ MASTERCARD		
CARD NUMBER			
EXPIRY	/		
CARD HOLDERS NAME			
CSV			
SIGNATURE		DATE	Click here to enter a date.

Office use only			
Student no.		**Enrolment no.**	

VERSION CONTROL

Version Control Table			
Date	**Summary of Modifications**	**Modified by**	**Version**
13/03/2019	Policy Creation	360RTO	v. 1.0