



Please tick the course(s) you wish to enrol in

Business and Management		
<input type="checkbox"/> BSB40207 – Certificate IV in Business	<input type="checkbox"/> Diploma of Management	Preferred Course Start Date:/...../.....

Personal Details					
First Name	Middle Name:		Surname:		
Date of Birth:	Country of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Phone (home):	Mobile:	Work:	Email:		
Address:					
Postal Address:					

Emergency Contact Details:		
Name:	Relation:	Phone No:
Victorian Student Number- Do you have a Victorian Student Number (VSN)? - <input type="checkbox"/> No – I have never been issued a VSN		
<input type="checkbox"/> Yes – please specify..... - - - - - - -		
<input type="checkbox"/> Yes – but the VSN is unknown to me		

Current Employment Details		
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – Seeking seeking part time work
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Not employed – not seeking employment
<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Unemployed – Seeking full time work	

Schooling			
Are you still attending Secondary School? <input type="checkbox"/> No <input type="checkbox"/> Yes			
What is your Highest COMPLETED school level? (Tick ONE box only)			
<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Completed Year 8 or Lower	Year Completed:
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 9 or Equivalent	<input type="checkbox"/> Did Not Go to High School	
Prior Education (Post Secondary)- Have you successfully completed anyof the following Australian qualifications? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, tick the applicable box(es)			
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Associate Diploma	<input type="checkbox"/> Vocational Graduate Certificate
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Graduate Certificate
<input type="checkbox"/> Certificate III	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Vocational Graduate Diploma
			<input type="checkbox"/> Graduate Diploma
			<input type="checkbox"/> Master's
			<input type="checkbox"/> Doctorate
			<input type="checkbox"/> Other
Name the completed qualification: _____ Year of completion: _____			
Can you supply copy: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you currently undertaking any study: <input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, name the course: _____			

Language and Cultural Diversity			
Do you speak a language other than English at home? (Tick applicable box) <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes, please specify:			
How well do you SPEAK English?	Very Well	Well	Not Well
			Not at All
Are you of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Island origin, mark both "yes" boxes)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	

Disability	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	
(If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area.)	
Please attach documentation describing your disability, impairment or long-term condition in more detail.)	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired brain impairment	
<input type="checkbox"/> Other: _____	

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HARWARD INTERNATIONAL COLLEGE

Level 9, 14 Queens Rd, St. Kilda, Melbourne, Victoria 3004
CRICOS: 03234B | RTO: 22332
Phone: (03) 9866 7756 | Fax: (03) 8669 4055
Email: domestic@harward.vic.edu.au | Web: www.harward.vic.edu.au

Application for Enrolment – Domestic

Study Reason

<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For personal interests or self development
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To start my own business	<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study	

Concession – Please indicate if you are a recipient of one of the following benefits (Select one only):

<input type="checkbox"/> Low Income/Special Benefit	<input type="checkbox"/> Youth
<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family Allowance/Single Parent	<input type="checkbox"/> Mature Age
<input type="checkbox"/> Age/Carer/Disability/Partner/Widow/Wife	<input type="checkbox"/> Other: _____

Concession Card number: (Please also attach photocopy of card for audit purposes)

Privacy Statement

I understand that:

Harward International College is required to provide the Victorian Government, through Higher Education and Skills Group, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/Documents/training/providers/rto/vetstudstatgv15.pdf>). Higher Education and Skills Group may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Higher Education and Skills Group may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires the Harward International College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Harward International College on phone 03 9866 7756 or email domestic@harward.vic.edu.au

I acknowledge and agree to the terms described in this privacy statement:

If the applicant is 18 years of age and over

If the applicant is under 18 years of age

.....
Name of applicant

.....
Name of parent/guardian

..... / /
Signature of applicant Date

..... / /
Signature of parent/guardian Date

Student declaration

- I confirm that the information I have given within this form is true and correct, and I have been provided by the Harward International College, all the information regarding the course/modules that I am enrolling in;
- I understand and have been provided information by the HIC, in relation to Credit Transfer and Recognition of Prior Learning (RPL);
- I agree to act in accordance with the HIC, regulations, policies and disciplinary procedures;
- I have read and understand the privacy statement above;
- I understand it is my responsibility to read and understand the contents of the student handbook.

I acknowledge and agree to the terms in the student declaration.

If the applicant is 18 years of age and over

If the applicant is under 18 years of age

.....
Name of applicant

.....
Name of parent/guardian

..... / /
Signature of applicant Date

..... / /
Signature of parent/guardian Date

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Process Owner: Compliance Manager

Version 1.0 | Date: 11 January 2013



VICTORIAN TRAINING GUARANTEE

2013 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Harward International College

I confirm that in relation to _____
 (Student's full name)

I have sighted one of the following original, or a certified photocopy of the original, documents:

- An Australian Birth Certificate (not Birth Extract)
- A current New Zealand Passport
- A current green Medicare Card
- A holder of a Temporary Protection Visa*
- Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence
- A current Australian Passport
- A naturalisation certificate
- A signed declaration by a relevant referee
- A holder of a Special Category Visa (sub-class 444)

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- A current drivers licence, or A current learner permit, or A Proof of Age card, or A 'Keypass' card

Based on discussion with the student, the above evidence I have sighted, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Victorian Training Guarantee eligibility criteria as set out in the 2013 Service Agreement and is eligible for funding under the Victorian Training Guarantee for the following qualification/s:

 (Include full title of qualification/s in which the student is seeking to enrol)

Authorised HIC delegate:

Name: _____ Position: _____

Signed: _____ Date: _____

Section B - To be completed by the student

I _____, in seeking to enrol in _____
 (Student's full name)

 (Include full title of qualification/s in which you are seeking to enrol)

declare that:

a. The highest qualification I currently hold is _____
 (Include full title of qualification, eg. Certificate III in Aged Care)

b. I have commenced (or I am scheduled to commence) Government subsidised courses in 2013*.

c. I am currently undertaking Government subsidised courses, this includes any courses I started prior to 2013.

d. I understand that my enrolment in the above qualification/s is being subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand that enrolling in the above qualification/s may affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.

Signed: _____ Date: _____

* Include any courses which you have enrolled in but have not yet started. Do not count the course you are currently applying for.

+ *Asylum Seekers* (as confirmed by the Asylum Seeker Resource Centre) and *Victims of Human Trafficking* (as confirmed by the Australian Red Cross) are exempt from the citizenship/residency criteria listed above.

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