

BOOKING DETAILS

Certificate Level:	in	Stream:	Code:
Method of Delivery:	<input type="checkbox"/> Online <input type="checkbox"/> Distance <input type="checkbox"/> Class Onsite** <i>please complete details below</i>		Course Start Date:

PERSONAL DETAILS – All details below are MANDATORY and MUST be legible

Unique Student Identifier (USI):	If you do not currently have a USI you will be required to create one. Go to www.usi.gov.au and follow instructions to create your USI – This is MANDATORY		
Title:	First Name/s:	Surname:	
Other Name/s:	All Previous or Other names by which you are known or have been formerly known must be listed		
DOB: ____/____/____	# If under 18 parent/ guardian details to be filled in	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander (Tick both if applicable)			
Building Name:	Unit:	Street No:	Street Name:
	Suburb:	State:	Postcode:
Postal Address:	Suburb:	State:	Postcode:
Email:	Phone:	Mobile:	
Do you have a Health Care or Pensioner Card? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If Yes, Please attach a copy of your health care card</i>			
Are you an Australian or New Zealand Citizen or Australian Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach Proof of residence</i>			
Are you currently registered as a client with a JSA Provider? (Job Services Australia) <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*Please attach referral form</i> If yes, you will need to contact your JSA to obtain a Queensland Government Subsidised Training Place Job Seeker Referral Form			

Previous Qualifications and Schooling

Have you SUCCESSFULLY completed or currently enrolled in any qualifications? <input type="checkbox"/> Yes, please specify <input type="checkbox"/> No	
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Bachelor/Higher Degree <input type="checkbox"/> Other Certificate (Please Specify): _____	
If previously completed, was this completed as a School-based Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently attend high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest school level completed (eg. Yr 10): ____ Year completed: ____

#Parent / Guardian Details (if participant under 18) – Please complete and sign at bottom

Title:	First Name/s:	Surname:	
Email:	Phone:	Mobile:	

Payment Details

Course Cost: \$ _____ <i>Student Contribution Fee is payable by student</i>	Please complete payment details below
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Student participation confirmation

I hereby agree the information contained in this document is true and correct and I will abide by the rules and conditions required.
 I confirm that I have been provided with information to make an informed decision to enrol in this qualification and notified of Axiom College's Refund Policy, Student Handbook and other relevant policies available at any time on Axiom College's website www.axiomcollege.com.au
 I have completed the confirmation and evidence checklist and have provided all evidence required for eligibility for the Certificate III Guarantee Program.
 I understand the student contribution fee associated with the qualification.
 I understand that I will no longer be eligible for a subsidised training place under the Certificate III Guarantee program once I have completed my Certificate III Qualification.
 I understand that I will be required to fill out and return a Training and Employment Survey within three months after training

Participant Signature:	Date:
Parent / Guardian Signature (if participant under 18):	Date:

Payment is required in advance. I agree to advise Axiom College no later than 5 working days prior to the course of any changes. I understand that I will be charged the full amount if I cancel after that date, do not send a replacement or do not attend. Axiom College will make all possible effort not to cancel a scheduled course; however if student numbers are low or there are unforeseen circumstances then a course may be shortened in duration or rescheduled. Participants will be given the option of rescheduling. I am aware of the refund policy for this program.

Signature: _____ **Date:** ____/____/____

Please Invoice (Purchase order required) Cash Direct Deposit (include invoice number) >>>

Credit card: Visa Mastercard AMEX* Diners* **(3% surcharge applies to AMEX & Diners)*

Card Number

Expiry date ____/____ CCV/ AMEX ID #: _____

Name on card: _____ Signature _____

Bank details for direct deposit payments

BSB: 064 123
ACC.: 1021 6131
Name: Axiom College
 Send remittance advice via fax or email.
 Fax 07 3510 8050 or email accounting@axiomcollege.com.au