



AMERICAN COLLEGE

DOMESTIC STUDENT ENROLMENT FORM

Section 1 – Personal Details

Please enter the following details as shown on either your passport, drivers licence, or 18+ card.

All fields are mandatory.

Title (please select)	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr		
Family Name			
Given Name		Middle Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

Section 2 – Contact Details

All fields are mandatory.

Email Address			
Mobile		Phone number	
Home Address			
Building/Property Name:		Flat/Unit Detail:	
Street Name:		State/ Territory	
State/ Territory		Postcode:	
Postal Address			
Building/Property Name:		Flat/Unit Detail:	
Street Name:		State/ Territory	
State/ Territory		Postcode:	

Section 3 – Employment Details

Employer Name			
Employer Address			
Phone Number		Email	
Of the following categories, which BEST describes your current employment status			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employed - unpaid worker in family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment		
Are you a American College employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, please enter your Employee ID

Section 4 – Cultural Background

All fields are mandatory.

What nationality do you identify yourself as? E.g. Australian, British, etc.				
In which country were you born?				
Please select from the following which best describes your current citizenship/residency status				
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Australian Permanent Resident			
<input type="checkbox"/> NZ Passport holder who has resided in Australia for 6 months or longer				
<input type="checkbox"/> Other – Current Visa document holder (please specify the type of visa in the space below)				
What is the main language you speak at home? (If more than one language, indicate the one that is spoken most often)				
<input type="checkbox"/> English only	<input type="checkbox"/> Language other than English (please specify):			
How well do you speak English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Do you identify as Aboriginal or Torres Strait Islander? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)				
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander		

Section 5 – Disability

All fields are mandatory.

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES, then please indicate the areas of disability, impairment or long-term condition: (Select all that apply)				
<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"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition		
<input type="checkbox"/> Other (Please Specify)				

Section 6 – Education

What is your highest COMPLETED school level? (Tick ONE box only)		
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school (please proceed to Previous Qualifications)
In which YEAR did you complete that school level?		
Are you still attending secondary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If, YES, then tick ANY applicable boxes.		
<input type="checkbox"/> Bachelor (or higher) Degree	<input type="checkbox"/> Advanced Diploma/Associate Degree	<input type="checkbox"/> Diploma (or Associate Diploma)
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than the above	
Please provide details for your qualifications below:		

Qualification Gained		
Institution Attended		Year Qualified
Qualification Gained		
Institution Attended		Year Qualified
Qualification Gained		
Institution Attended		Year Qualified
Do you wish to apply for Credit Transfers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Recognition of Prior Learning (RPL)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7 – Reason for Studying

All fields are mandatory.

Of the following categories, which BEST describes your main reason for undertaking this course (tick ONE box only)

- To 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
 Personal interest/self –development
 Other reasons

Please specify other reasons here:

Section 8 – Course

Please mention the course you are interested in

Course Code: _____

Course Name: _____

Section 9 – Terms and Conditions

- I confirm my willingness to comply with American College's refund policy.
- I hereby certify that the statements and information provided in this application form are true and correct to the best of my knowledge and belief, and I authorize American College investigate all statements or other information contained in this application form and any attachments submitted with it.
- I understand that my personal details will be collected for the purposes of student records required by AVETMISS legislation and will not be sold to any party. <http://www.avetmiss.com.au>
- I must provide my identification in the form of a birth certificate, driver's license or passport
- I hereby consent that American College reserves the right to use photographs, video tape, audio tape, films of me with or without my name for lawful purpose, including for example such purposes as promotional, marketing, educational purposes and advertising either online or print media. If you do not agree, please advise the College in writing.

By signing this form I confirm that I supplied all the relevant information required; I have read and understood the declaration above; and I accept the terms and conditions of this application.

Candidate Signature

Date

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