

REASON FOR STUDY Which situation listed below best describes your reason for study? (Tick ONE box only.) <input type="checkbox"/> To get a job <input type="checkbox"/> Develop my existing business <input type="checkbox"/> Start my own business <input type="checkbox"/> Try for a different career <input type="checkbox"/> Get a better job or promotion <input type="checkbox"/> Requirement of my job <input type="checkbox"/> Extra skills for my job <input type="checkbox"/> Get into another course or study <input type="checkbox"/> For personal interest <input type="checkbox"/> Other reasons	SCHOOLING Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which school are you attending _____ What is your highest COMPLETED school level? (Tick ONE box only) <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 9 or equivalent <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 8 or below <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Did not go to school In which year did you complete your highest school level? Year: _____ Location: _____
OTHER How did you hear about this course? Eg. Newspaper, friend, radio, etc <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	CONCESSION Do you hold a current concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>At Enrolment you must supply your concession card to be photocopied. This will be placed on your student file as proof that your concession has been granted.</i> <hr/> CRN No: _____ Benefit type: _____ Expiry Date: _____

DECLARATION I declare all details provided on this form are, to the best of my knowledge, true and correct . I agree to abide by all State and Federal regulations during the term of my enrolment. I also authorise ECG to release information concerning my student record to any third party that is authorised to do so under the Standards for Registered Training organisations for the purpose of auditing these standards and I acknowledge that: 1. I will make the necessary arrangements to pay all fees and charges applicable to this enrolment 2. If I withdraw within four (4) weeks of course commencement, or eight (8) weeks if my training is taking place in the workplace as per the Fees and Charges brochure, an administration fee will be incurred and is non-refundable. (I must notify ECG in writing of intention to withdraw to be eligible for a refund.) 3. If I withdraw after four (4) weeks of course commencement, there is no refund on tuition and amenities/materials fees. 4. There is no refund on commercial course (fee-for-service) if I withdraw or do not attend. 5. If I default on my direct debit payment arrangement, ECG will take legal action to recover the debt and add debt collection costs to my overall debt. 6. My participation in this course is subject to the right of ECG to cancel or amalgamate courses or classes. I agree to abide by all policies and procedures of ECG. 7. ECG is required to forward information to government under its statutory reporting obligations. I hereby authorise ECG to release information concerning my student record to: any government department; OR apprenticeship/traineeship authorities and my employer/host employer if I am undertaking apprenticeship/traineeship studies; OR my secondary school and parents if I am undertaking vocational education and training in a VET in the VCE or VET in Schools program. 8. I confirm that I have been informed about recognition of prior learning (RPL) and credit transfer options at ECG and also about support service that I can access while I am an enrolled student. 9. I authorise ECG or its agent, in the event of illness or accident during any ECG organised activity and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost. 10. My academic results will be withheld until my debts are fully paid and any property belonging to ECG has been returned. Your enrolment may be used in a national Student Outcomes Survey. If you do not wish to be part of the survey, tick this box <input type="checkbox"/>
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CLIENT SIGNATURE: _____	DATE: _____
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PARENT/GUARDIAN CONSENT OF ENROLMENT: <i>(Please note that for legal reasons, this form must be completed and signed before a student under the age of 16 years can be enrolled at ECG)</i> I have read and understood the requirements of the school and give my consent to allow _____ to enrol and complete the program. I understand the Conditions of Enrolment and acknowledge the policies and procedures regarding the learning environment, attendance, supervision and excursions. Parent/Guardian Signature: _____ Date: _____

** Please note: Your enrolment is not valid until signed and dated.

ADMIN USE ONLY		
Method of payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (payable to ECG) <input type="checkbox"/> Money Order <input type="checkbox"/> Invoice <input type="checkbox"/> EFTPOS <input type="checkbox"/> Direct Debit – conditions apply		
Card number:	3 Digit CCV number:	
Name on Credit card:	Expiry date:	
Meets eligibility criteria for Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Source:	
Internal Cost Transfer <input type="checkbox"/> Yes Dept to be charged:		
Invoice to	Total Cost	\$
Contact person	Amount Paid	\$
Address	Balance Owing	\$
	Date of Payment	Receipt No:
Customer Service Officer: _____		Date: _____
APPRENTICESHIP/TRAINEEESHIP		
<input type="checkbox"/> State funded 'new worker' Training fee \$1.37 per nominal hour (\$55 tuition plus material fee)		
<input type="checkbox"/> Non-funded 'existing worker' Training fee \$3,000 Contract signed by employer <input type="checkbox"/>		
Trainer: _____	AAC: _____	