## Student Enrolment Form

Please ensure you read the conditions of enrolment and sign the declaration.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>USI: ………………..………..</th>
<th>Course: ……………………………………………..</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr. / Ms / Miss / Mrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>Given Name/s:</td>
</tr>
<tr>
<td>Sex</td>
<td>Male/Female</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

### Contact Details

<table>
<thead>
<tr>
<th>Home Ph No.:</th>
<th>Work Ph No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax No.:</td>
<td>Mobile No.:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Preferred (Business Hrs):**
- [ ] Home Phone
- [ ] Work Phone
- [ ] Mobile
- [ ] Email

### Postal Address

<table>
<thead>
<tr>
<th>Street:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>Post Code:</td>
</tr>
</tbody>
</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Alternative No.:</td>
</tr>
</tbody>
</table>

Are you?
- [ ] Aboriginal
- [ ] Torres Strait Islander
- [ ] Aboriginal & Torres Strait Islander
- [ ] Australian
- [ ] Neither
- [ ] Country of birth: ………………………………………..

Are you an:  
- [ ] Australian Citizen
- [ ] Permanent Resident
- [ ] Temporary Resident

Do you speak a language other than English?  
- [ ] No
- [ ] Yes
- [ ] If yes, please specify: ……………………………

Do you require help with English?  
- [ ] No
- [ ] Yes

Do you have any disabilities?  
- [ ] No
- [ ] Yes
- [ ] If yes, please specify: ……………………………

Do you have any special needs? (eg: dietary, health conditions)  
- [ ] No
- [ ] Yes
- [ ] If yes, please specify: ……………………………

Are you employed?  
- [ ] Full time
- [ ] Part time
- [ ] Casual
- [ ] Self employed
- [ ] Not employed

Are you still at school?  
- [ ] No
- [ ] Yes
- [ ] If yes, specify which school: ………………………

What is your highest level of schooling achieved?  
- [ ] Year 12
- [ ] Year 11
- [ ] Year 10
- [ ] Year 9
- [ ] Year in which you left school: …………………..

Do you have a Unique Student Identifier number?  
- [ ] No
- [ ] Yes
- [ ] USI: ……………………………

FRM16-001v3
Have you done further education? No ☐ Yes ☐ Outline below

<table>
<thead>
<tr>
<th>Attempted/ In Progress</th>
<th>Completed</th>
<th>Course</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Certificate I</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certificate II</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certificate III</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certificate IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diploma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Degree or Post Graduate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other qualifications</td>
<td></td>
</tr>
</tbody>
</table>

ENROLLING QUALIFICATION:

Full-time Study

☐ Diploma of Beauty Therapy SHB50115
☐ Certificate IV in Beauty Therapy SHB40115
☐ Certificate III in Beauty Services SHB30115
☐ Certificate III in Nail Technology SHB30315
☐ Certificate II in Retail Cosmetics SHB20116

Distance

☐ Diploma of Salon Management SIB50210

Short Courses

☐ ...........................................................(write short course name here)
ADVANCED SCHOOL OF BEAUTY THERAPY (RTO No. 7052)
STUDENT ENROLMENT FORM

Declaration

I agree to notify The Advanced School of Beauty Therapy of any change to the information that I have provided. I consent to this information being provided to government bodies for the purpose of research, statistical analysis, program evolution, post completion research and internal management purposes.

Conditions of Enrolment

1. All students are expected to read, understand and conduct themselves in accordance with the conditions laid down by The Advanced School of Beauty Therapy in the Learner Handbook available from the School or at www.schoolofbeauty.nsw.edu.au.
2. All students are expected to read the payments and refunds policy at www.schoolofbeauty.nsw.edu.au.
3. Students are to advise The Advanced School of Beauty Therapy of any conditions that may affect studies or require special support.
4. Pay initial fee payments and maintain fees two (2) weeks in advance.

Participant’s Name: __________________________________________

Signature: __________________________________________ Date: __________

Parent’s/Guardian’s Name: __________________________
(if participant is under 18 years of age)

Signature: __________________________________________ Date: __________

School Enrolling Officer: __________________________

Signature: __________________________________________ Date: __________

Deposit Payment Method

I want to pay by: □ Cheque  Please make cheques payable to AHFB Pty Ltd

□ Direct Deposit  Greater Building Society – Warners Bay Branch
BSB: 637 000  A/C: 718 585 465

When paying by direct deposit please use your name as a reference ID

□ MasterCard  □ Visa

Card Number □□□□□□□□□□□□□□□□□□□□

Expiry □□/□□  Amount $________

Cardholder Name __________________________

Cardholder Signature __________________________