

COMPLETE AND EMAIL TO: passivehouseenquiries@boxhill.edu.au

Have you ever enrolled at Box Hill Institute before? Y N **Box Hill Student ID No.** _____

Surname (Family name): _____ **BH Phone:** _____ **AH Phone:** _____

Given Names: _____ **Email:** _____

Date of Birth: _____ **Male** **Female** **Other** **Unique Student Identifier (USI) No.** (if known) _____

Local Address: _____ **If USI No not known: Licence No:** _____ **State:** _____

Suburb/Town: _____ **Postcode:** _____

(We will apply for one on your behalf if relevant to course.)

What is your highest completed school level? (Please tick)

Completed Yr 1212
 Completed Yr 1111
 Completed Yr 1010
 Completed Yr 9 or equivalent.....09
 Completed Yr 8 or equivalent.....08
 Did not attend school.....02

In which year did you complete that school level?

Are you still attending secondary school? Y N

Have you successfully completed any of the following qualifications? (Please tick)

Bachelor Degree or Higher Degree 1
 Advanced Diploma or Associate Degree2
 Diploma (or Associate Diploma)3
 Certificate IV (or Advanced Cert/Technician)4
 Certificate III (or Trade Certificate)5
 Certificate II6
 Certificate I7
 Certificates other than the above8

Y N

A E I

A - Australian
E - Australian Equivalent
I - International

Institution Name _____ Year completed

(Most recent institution)

Which of the following BEST describes your current or recent occupation? (Please tick)

Managers..... 1
 Professionals2
 Technicians and Trade Workers.....3
 Community and Personal Service Workers4
 Clerical and Administrative Workers5
 Sales Workers6
 Machinery Operators and Drivers7
 Labourers8
 Other.....9

Which of the following BEST describes the industry of your current or previous employer? (Please tick)

Agriculture, Forestry and Fishing.....A
 Mining..... B
 Manufacturing C
 Electricity, Gas, Water and Waste Services D
 Construction..... E
 Wholesale Trade..... F
 Retail Trade..... G
 Accommodation and Food Services H
 Transport, Postal and Warehousing I
 Information Media and Telecommunications... J
 Financial and Insurance Services..... K
 Rental, Hiring and Real Estate Services..... L
 Professional, Scientific and Technical Services... M
 Administrative and Support Services..... N
 Public Administration and Safety O
 Education and Training P
 Health Care and Social Assistance Q
 Arts and Recreation Services R
 Other Services..... S

Do you consider yourself to have a disability, impairment or long-term condition? (Please tick)

Hearing/Deaf11
 Physical12
 Intellectual13
 Learning.....14
 Mental Illness.....15
 Acquired Brain Impairment.....16
 Vision17
 Medical Condition18
 Other19
 Unspecified99

Are you of Aboriginal or Torres Strait Islander origin? (Please tick)

No N
 Yes, Aboriginal..... A
 Yes, Torres Strait Islander T
 Yes, Aboriginal AND Torres Strait Islander B

Of the following categories, which BEST describes your current employment status?

Full-time employee..... 1
 Part-time employee.....2
 Self employed - not employing others.....3
 Employer4
 Employed - unpaid worker in family business..5
 Unemployed - seeking full-time work6
 Unemployed - seeking part-time work7
 Not employed - not seeking employment8

(Please tick)

In which country were you born? (Please tick)

Australia Other (please specify) _____

If other, YEAR you arrived in Australia _____

In which town were you born? _____

How well do you speak English? (Please tick)

Very well..... 1
 Well2
 Not well.....3
 Not at all4

Course Name PASSIVE HOUSE – DESIGNER EXAM

Course ID CPHD2 - 2017 - BES **Group** _____ **Start Date** 02/12/17 **Fee \$** \$450

Concessions (if applicable) No Yes (Complete details below) **Card Number** _____ **Expiry Date** _____

Health Care Card Seniors Card Pension Card (Please enclose a copy of Concession documentation)

Payment Details - Enrolments cannot be accepted without payment

Mail Enrolment Payment Details: Cash Cheque (Payable to Box Hill Institute) Moneyorder Visa Mastercard **Cardholder's Name** _____

Card Number _____ **Expiry Date** _____ **CCV** _____ **Cardholder's Signature** _____

Or Invoice Company – Minimum Amount \$500 and Authorisation letter or Purchase Order required - please attach.

Company Name _____ **Contact** _____ **Phone** _____

Address _____ **Suburb** _____ **Postcode** _____

All enrolments will receive a confirmation letter giving details of the venue and car parking, if available.

Condition of Enrolment (Short Courses) By enrolling in this Short Course at Box Hill Institute, you are agreeing to abide by the policies, procedures, regulations and Student Code of Conduct of the Institute. This includes agreement with the refund policy stated below, and agreement to your personal information being disclosed in accordance with Box Hill Institute's Privacy Collection Statement, viewable at www.boxhill.edu.au/privacy. You are also providing confirmation that the information you have provided to enrol above, is complete and correct. Further application and enrolment information is viewable at www.boxhill.edu.au

Refund Policy (Short Courses)
Course Withdrawal and Refunds: Fee refunds will only be issued if a course withdrawal request is received at least four (4) working days prior to the date of course commencement. A \$55 administration fee will be charged. No refunds will be issued for withdrawal requests received after this time.

Course Transfers: Students wishing to transfer to a future start date of the same course will be accepted if a request is received at least four (4) working days prior to the date of course commencement, and providing a suitable future course offering is available.

Course Cancellation by the Institute: Box Hill Institute reserves the right to cancel a scheduled course. In the event of a cancellation, students will be notified two days before the scheduled start date. Classes are subject to sufficient enrolment numbers. Box Hill Institute makes every effort to ensure that information is correct at the time of publication, but reserves the right to change or postpone courses, and to alter schedules, locations, fees and teachers due to unforeseen circumstances. Where a course is cancelled by the Institute, a full refund will be issued. Processing of all withdrawal and course cancellation refunds takes a minimum of fifteen (15) working days. Refunds will be made directly to the payee, and will be mailed to the payee's address as shown on the application form.

Unique Student Identifier (USI): All students undertaking accredited VET training will be required to have a USI (Federal requirement).

For Office Use Only	Initials	Date
S1 entered	<input type="checkbox"/>	____/____/____
ECR payment	<input type="checkbox"/>	____/____/____
Conf printed	<input type="checkbox"/>	____/____/____
Conf sent	<input type="checkbox"/>	____/____/____