

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 ☐

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

☐ Managers.....1
☐ Professionals.....2
☐ Technicians and Trade Workers.....3
☐ Community and Personal Service Workers.....4
☐ Clerical and Administrative Workers.....5
☐ Sales Workers.....6
☐ Machinery Operators and Drivers.....7
☐ Labourers.....8
☐ Other.....9

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 Condition.....18
☐ Other.....19
☐ Unspecified99

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

☐ Bachelor Degree or Higher Degree1
☐ 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)

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)

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

☐ Agriculture, Forestry and Fishing.....A
☐ Mining.....B
☐ ManufacturingC
☐ Electricity, Gas, Water and Waste ServicesD
☐ Construction.....E
☐ Wholesale Trade.....F
☐ Retail Trade.....G
☐ Accommodation and Food ServicesH
☐ Transport, Postal and WarehousingI
☐ 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 SafetyO
☐ Education and TrainingP
☐ Health Care and Social Assistance.....Q
☐ Arts and Recreation ServicesR
☐ Other Services.....S

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

☐ NoN
☐ Yes, Aboriginal.....A
☐ Yes, Torres Strait IslanderT
☐ Yes, Aboriginal AND Torres Strait IslanderB

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 – PREPARATORY MATHS & PHYSICS FOR PASSIVE HOUSE DESIGNERS**

Course ID **CPH02 - 2017 - BES** Group _____ Start Date **24/10/17** 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"/>	____