

Student Enrolment Form

(Office Use Only: Student ID _____ Course Site ID _____)



OFFICE USE ONLY:		
Interview Conducted	Y/N	Date:
Enrolment & Indemnity Completed & Signed by all parties	Y/N	
Applicant completed Health and Skills Questionnaire	Y/N	Date:
Applicant submitted Police Clearance	Y/N	Outcome:
Applicant Accepted / Rejected	A/R	Letter sent Y/N
Anticipated / Accepted Intake	Commencement Date:	
Interviewer	Name:	Signed:

WELCOME TO EQUALS! We look forward to supporting you through your learning experience with us.

Applicant Details **Is this the first time you have enrolled at EQUALS? (Y/N)**

Family Name:		Given Names:	
Date of Birth:		Gender:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Email:			

What Program/Course are you applying to enrol in?

Program/Course Title		Code (if known)	
Are you enrolling in Distance/Flexible Study? Yes No		Do you have computer and internet access? Yes No	
If available, would you like to complete some or all of your learning online? Yes No Maybe, please contact me			
Based on your current skills and /or experience, do you wish to seek Skills Recognition for part of/or a whole qualification? Please circle Yes No Unsure Please consult your Student Administration for more information.			
Where did you hear about EQUALS?			

Employment Details

Employer Name:		Contact Name:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Employment Status	Fulltime	Part Time	Casual/Other
What is Your Current Role?			

Emergency Contact

Contact Name:		Relationship:	
Address:		Suburb:	
State:		Postcode:	
Telephone:		Mobile:	
Email:			

Supporting You (please tick in appropriate column)

I wish to become a member of EQUALS Interact and receive professional development and newsletter updates	YES / NO
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Personal Details (please circle answers where appropriate)

Country of Birth:	Were you born in Australia? Yes No	Reason for Study:	Which best describes your main reason for study?
Please circle if relevant	If no, please specify: Sir Visa 134 Sir Visa 495 Temp Protection Visa		To get a job
Are you an Australian citizen?	Yes No Are you an International Student: Yes No	To develop my existing business	
Language	Do you usually speak a language other than English at home?	To try for a different career	
	No, English only	To get a better job or promotion	
	Yes, Other – Please specify	It was a requirement of my job	
	How well do you speak English?	I wanted extra skills for my job	
	Very Well Well Not Well Not at All	To get into another course of study	
		Personal Interest	
		Self Development	
		Other	



Are you of Aboriginal or Torres Strait Islander Origin?	Yes, Aboriginal	Do you consider yourself to have a disability, impairment or long term condition?	Yes
	Yes, Torres Strait Islander		No
	No		Unsure
What was your highest completed school level?	Year 12	If Yes, then please indicate the areas of disability, impairment or long term condition.	Hearing/Deaf
	Year 11		Physical
	Year 10		Intellectual
	Year 9 or lower		Learning
In which year did you complete this level?			Mental Illness
			Acquired Brain Injury
			Vision
Are you still attending secondary school?	Yes		Medical Condition
	No		Other
Have you completed any other type of qualification? If yes, please detail	Bachelor or Higher Degree		Of the following categories, which best describes your current employment status?
	Advanced Diploma or Associate Degree	Part time Employee	
	Diploma	Self Employed – not employing others	
	Certificate IV (or Advanced Certificate)	Employer	
	Certificate III (or Trade Certificate)	Employed – unpaid family work	
	Certificate II	Unemployed – seeking full time work	
	Certificate I	Unemployed – seeking part time work	
Certificates other than the above	Not employed – not seeking employment		

Course Payments (If you are required to pay a deposit or wish to make a course payment, please complete the following section)

Card Holder Name				Card Number	_____
Card Type	Master Card	Visa	Bankcard	Expiry Date	
Amount Authorised				Important Notes	- Credit card transactions attract a 1.5% bank fee. - Discounts may apply for upfront payment of fees. (please enquire for details)
If you wish to make a payment via a different method, please note that other payment methods include Cash, Cheque, Money Order, Direct Credit (details available upon request). All payments should be posted to Accounts Receivable, GPO BOX 2443, ADELAIDE SA 5001.					

Agreement & Declaration

I :		
a)	declare that I consent to have my contact and/or enrolment details provided to EQUALS Interact and other divisions of EQUALS where requested	
b)	declare I am 18 years of age or over;	
d)	declare that the above information is true and correct;	
e)	declare that I have read, understood and agree to abide by the terms, conditions and policies outlined in the Student Handbook (F002);	
f)	agree that I will agree, where requested, to have a Police and/or Security check conducted for or on behalf of EQUALS International;	
g)	declare that I am liable for all course and tuition fees and any collection/legal costs associated with debt recovery.	
h)	agree the information requested in this form may be used by the Australian or State Government Departments/Agencies for research, statistical and internal management purposes only. I consent to the use of the information for those purposes.	
i)	declare that all enrolment, admission assessment and health information is correct and has been written and completed by the applicant only.	
j)	hereby grant permission for EQUALS International to use my physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use.	
k)	hereby grant permission for EQUALS International to use my written or spoken words, without restriction in any communication medium, in present or future use.	
	APPLICANT SIGNATURE:	Date:
	PARENT/GUARDIAN SIGNATURE: (if applicant under 18)	Date:

THANK YOU FOR TAKING THE FIRST STEP TOWARDS YOUR NEW EXPERIENCE AT EQUALS. PLEASE CONTACT US ON 1300 889 939 IF WE CAN ASSIST YOU FURTHER.

REMEMBER TO SEND YOUR ENROLMENT FORM TO GPO BOX 2443, ADELAIDE SA 5001, AUSTRALIA

EQUALS INTERNATIONAL LTD
RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This is an important document which affects your legal rights and obligations, please read carefully before signing.

To fulfil the requirements of your course you may be required to complete one or more work placements at various organisations relevant to your course, which may include Hospitals, Residential Aged Care facilities, Retail, Business Services and Hospitality employers (the "Work Placement"). EQUALS International Pty Ltd ("EQUALS") will assist in arranging for you to participate in the Work Placement.

NOTE: Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to participate or otherwise be involved in any way in the Work Placement THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE EQUALS its officers, employees, agents and representatives, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE WORK PLACEMENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the WORK PLACEMENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the WORK PLACEMENT whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.

4. HEREBY acknowledges that the WORK PLACEMENT may involve the risk of serious injury and/or death and/or property damage.

5. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the WORK PLACEMENT occurs and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT,

AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR

GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS AGREEMENT.

.....
PRINT STUDENT NAME HERE

.....
STUDENT SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE

THIRD PARTY INDEMNITY WHERE STUDENT IS UNDER 18 YEARS OF AGE

I being a parent/guardian of the above named student DO HEREBY ACKNOWLEDGE:

- (i) that I have read the whole of this document and understand it;
- (ii) that I consent to the above named student participating in the Work Placement;
- (ii) that I am aware of the risks, dangers and obligations set out in the above Agreement;

IN CONSIDERATION of the above named student being permitted to participate or otherwise be involved in any way in the Work Placement I

DO HEREBY Agree to be bound by the terms of the above Agreement in the same manner and to the same effect as if I was the above named student.

.....
PRINT PARENT/GUARDIAN NAME HERE

.....
PARENT/GUARDIAN SIGNATURE HERE

.....
DATE

.....
PRINT WITNESS NAME HERE

.....
WITNESS SIGNATURE HERE

.....
DATE