



STUDENT ENROLMENT FORM

Title: (Circle one) Mr. Mrs. Miss. Ms.	
Surname:	Given Name/s:
Home Phone:	Work Phone:
Mobile:	Email Address:
Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Residential Address: Suburb: Postcode:	
Postal Address (if different from above): Suburb: Postcode:	
Do you have a VSN (Victorian Student Number)? <input type="checkbox"/> YES, if yes specify 9 digit number here _____ <input type="checkbox"/> YES, but the VSN is unknown <input type="checkbox"/> NO, I haven't been issued a VSN	
Country of Birth:	
Do you speak a language other than English at home? Yes / No	
If Yes – other languages spoken ->	
How well do you speak English? 1. Very Well 2. Well 3. Not Well 4. Not at all	
Are you of Aboriginal or Torres Straight Islander origin? Yes / No If Yes circle one - 1. Aboriginal 2. Torres Straight Islander 3. Aboriginal & Torres	
Do you consider yourself to have a disability, impairment or long-term condition? Yes / No If Yes – please provide a brief description:	
What is your highest completed school level? <input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Completed year 10 <input type="checkbox"/> Completed year 11 <input type="checkbox"/> Completed year 12	
In which year did you complete that school level?	
Are you still attending secondary school? Yes / No	
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate/ Technical) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Anything Other	
Of the following categories, which one of these BEST describes your current employment status? <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Employer of others <input type="checkbox"/> Employer – unpaid worker in family business <input type="checkbox"/> Unemployed – seeking Full Time work <input type="checkbox"/> Unemployed – seeking Part Time work <input type="checkbox"/> Not Employed – not seeking employment	
Of the following categories, which one of these BEST describes your main reason for undertaking this course? <input type="checkbox"/> to get a job <input type="checkbox"/> to develop my existing business <input type="checkbox"/> to start my own business <input type="checkbox"/> to try a different career <input type="checkbox"/> to get a better job or promotion <input type="checkbox"/> it was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> to get into another course of study <input type="checkbox"/> other reasons ie: personal interest / self development	
Name of the course I wish to study @ Creative's New Edge P/L:	
I wish to study: DAY courses or NIGHT courses (circle only one)	
The start date of the course I wish to join is:	

CONDITIONS OF ENROLMENT

In consideration of Creative's New Edge accepting my enrolment as a student and providing tuition to me, I agree that I will not hold it, and/or its employees, and/or agents liable for and will not make any claim against them for any loss. Damage, death or injury which may suffer or cause as a result of or in connection with or during the period of:

- (a) My attendance at any premises owned, operated or controlled by Creative's New Edge
- (b) My attendance at any activity that Creative's New Edge has any knowledge of (whether work experience, sporting cultural, social educational or otherwise) that is organised by, or on behalf of, or with the assistance of Creative's New Edge

On behalf of myself, executives, administrators and assigns, I hereby release and indemnify Creative's New Edge, and/or its employee, and/or agents against any such liability. I agree that is Agreement shall be governed in all respects by and interpreted with the laws of the State of Victoria in the Commonwealth of Australia

STUDENT INFORMATION HANDBOOK 'IMPORTANT' Please Note

All conditions of enrolment are outlined in Creative's New Edge's 'Student Information Handbook'

DECLARATION

- I certify that I have read this form thoroughly and agree to the conditions stated herein.
- I certify that I have read the Conditions of Enrolment and the Student Information Handbook thoroughly and agree to the conditions stated.
- I understand that enrolment is accepted under the condition that my tuition and other fees are paid in full prior to the commencement of each course, OR via a negotiated payment plan.
- I have supplied copies of relevant documentation.
- All information provided by me is correct and completed as at the date of enrolment

Signature: _____ Date: ____/____/____

Print Name: _____

I hereby acknowledge and agree to the terms and conditions of the Contract

Parent/Guardian Signature: _____ Date ____/____/____

(If student is under 18 years of age)

Please return Completed Enrolment Form together with full payment or deposit to:

Creative's New Edge – Reception Desk. Thank-you

NOTE: If you have chosen to pay your course via installments, you will be asked to sign an additional payment agreement when you enroll and pay the deposit