



training for life

Faith | Work | Mission | Service

Define your destiny

The 4D Program is a program run by UNET
RTO Number 30173



UNIVERSAL EDUCATION AND TRAINING LTD

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Section One: Personal Details

Title (please tick one) Mr Mrs Miss Ms Other (please specify)

Given Names:

Surname:

Gender (please tick one) Male Female

Date Of Birth: DD MM YYYY If you are under 18 years of age please complete section two.

Street Address

Suburb: State: Post Code:

Tick if postal address as above

Postal Address

Suburb: State: Post Code:

Home Phone Number
Area code

Work Phone Number
Area code

Fax Number
Area code

Mobile Phone Number

Email Address

Current Occupation

- Which best describes you (please tick one)
- | | |
|---|--|
| <input type="checkbox"/> Full-time employed | <input type="checkbox"/> Volunteer/ unpaid position |
| <input type="checkbox"/> Part-time employed | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed – not seeking employment |

Section One Continued

Do you identify as Aboriginal or Torres Strait Islander
(please tick one) No Yes

In which country were you born?

Do you speak a language **other than English** at home?
(please tick one) No Yes If yes please specify:

How well do you speak English? (please tick one) Very Well Well Not Well Not At All

Please indicate any areas of disability, impairment or long term condition that you consider yourself to have
(please tick any that apply)

<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Conditions

If you ticked any of the above please provide details in the box below.
If you require additional space please attach a separate piece of paper to this enrolment form.

Details:

Section Two: Emergency Contact Details

Emergency Contact Name

Relation to you

Contact Number

Section Three: Education

What is **currently** your highest **completed** secondary school level?
(please tick one)

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent
 Year 8 or equivalent

Year this level was completed
(e.g. 2008)

Are you still attending secondary school?
(please tick one) No Yes If yes, which one?

Section Four: Course Details

In which **course** do you wish to enrol? (e.g TAA40104A - Certificate IV in Training and Assessment)

Class Code – If known (e.g SSC109) **OR** Delivery location (the physical location of where you are doing the course)

(If you are wanting to study via Distance education write "Distance" below)

Course **start** date (if known)

DD MM YYYY

Course **finish** date (if known)

DD MM YYYY

Which option best describes why you want to enrol in this course (please tick one)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest of self development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

How did you first find out about this course (please tick one)

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Google search |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Television | <input type="checkbox"/> At an exhibition |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> From a past student |
| <input type="checkbox"/> Other ▶ Please specify | <input type="text"/> |

Section Five: Course conditions

Please acknowledge that you have read, agree to and will abide by all the below information. All this information can be found on the website at: www.unet.org.au

If you are under 18 years of age your parent or guardian must co-sign the application.

- General Course Information
- Total fees required, method of payment options and refund policy
- Pre-requisites for entry
- Course Outcomes
- Student Policy and Procedures

I agree that I have read, agree to and will abide by all the above information.

I certify that the information on this form and any supporting document provided are correct and complete. I authorise UNET to obtain other details relating to my academic record. I acknowledge the provision of incorrect information and documentation relating to my application may result in cancellation of my enrolment.

Please sign and date below if this applies

DD MM YYYY

Parent or guardian signature if under 18 years of age

DD MM YYYY

Privacy Policy: Universal Education and Training Ltd is collecting the information on this form for the purpose of processing your enrolment application. Only authorised staff have access to this information. Personal details will not be disclosed to any other third party without the client's consent unless authorised or required by law.

Section Six: Payment Option

Payment Options
(please tick one)

I will be paying the full course fees **upfront** (including my \$400 deposit)

I will pay my \$400 deposit and will pay the rest of the course off using a **payment plan**.

Payment plans **MUST** be either credit card or direct debit. When this form is received UNET will contact you regarding setting up your payment plan.

Do you have a student or concession card?

No

Yes

If yes, what is your card number?

Section Seven: Payment Details

You have the option to either pay by cheque, credit card, direct debit or cash.

Please fill in **ONE** of the below sections

CREDIT CARD

Card Type
(please tick one)

Master Card

Visa

Card Number

Expiry Date
(MM/YY)

Amount: \$

Name on Card:

Signature:

DIRECT DEBIT

Amount: \$

Account Holder's Full Name:

Bank Name:

Bank Location:

BSB:

Account Number:

I authorise UNET to arrange for funds as specified above, to be debited from my account. I note that insufficient funds in my account may result in a penalty charge being incurred by me.

Signature:

CASH, MONEY ORDER or CHEQUE A staff member will verify this

Payment Type
(please tick one)

Cash

Cheque

Money Order

OFFICE USE ONLY - Amount: \$

Date Received: / /

By (Name):

This Line - Office Use Only

Payment Processed

/ /

Payment Received By: