

# Enrolment Form Domestic Student



[www.apeiroinstitute.edu.au](http://www.apeiroinstitute.edu.au)

## STAFF-IN-CONFIDENCE

(WHEN COMPLETE)

Note: Information contained in this document is utilised in accordance with APEIRO INSTITUTE Privacy Policy

Please complete the following form in full and return via		<b>Post:</b> Level 1, 10 Victoria Ave, Perth 6000 <b>Email:</b> <a href="mailto:admissions@apeiroinstitute.edu.au">admissions@apeiroinstitute.edu.au</a>	
<b>1. Personal Details</b> (Please choose by placing an X in the boxes that apply to you)			
Title:	Mr	Mrs	Ms
			Miss
			Other:
Surname:		Middle Name:	
Given Names:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:
<b>2. Identification</b>			
Have you completed a Course with APEIRO INSTITUTE previously?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous Student ID:			
<b>Unique Student Identifier (USI)</b>			
APEIRO INSTITUTE is required by law to verify your <b>Unique Student Identifier (USI)</b> before we can issue certification.			
Do you have a USI?	Yes <input type="checkbox"/>	*No <input type="checkbox"/>	Your USI No.:
* Obtaining your USI?	<input type="checkbox"/> I will obtain my own USI from <a href="http://www.usi.gov.au/">http://www.usi.gov.au/</a> . I understand that delay in supplying my USI to APEIRO INSTITUTE may result in delay in course participation and certification.		
	<input type="checkbox"/> I authorise APEIRO INSTITUTE to obtain a USI on my behalf. I have attached one form		
<b>Provide at least ONE form of ID (e.g. Passport, Driver's License)</b>			
ID Type:		Expiry Date:	/ /
ID #:			
ID Sighted (Admin to sign):			
<b>3. Qualification / Course Details</b>			
I wish to enrol in the following course:			
Qualification / Course Name:	<input type="checkbox"/> ELICOS – IELTS Preparation for Success <input type="checkbox"/> ELICOS – PTE Preparation for Success	<input type="checkbox"/> BSB50215 – Diploma of Business <input type="checkbox"/> BSB60215 – Advanced Diploma of Business	
	<input type="checkbox"/> Classroom <input type="checkbox"/> Assessment Only (RPL)	Start Date:	
		Location:	<b>Level 1, 10 Victoria Avenue, Perth WA 6000</b>
<b>4. Contact Details</b>			
<b>Personal Contacts</b>			
Phone: (Home)		Mobile:	
Email:			
Home Address:			
Suburb:		State:	Postcode:
<b>Next of Kin :</b>			
Name:		Relationship:	
Contact Tel :		Mobile No:	

5. Workplace Details (if applicable)			
Company Name:			
Address:			
Suburb:	State:	Postcode:	
Contact Person:		Work Phone:	
6. Marketing Feedback			
How did you hear about APEIRO INSTITUTE?	<input type="checkbox"/> Email received <input type="checkbox"/> Online/ website <input type="checkbox"/> Social Media	<input type="checkbox"/> Family / Friend <input type="checkbox"/> Education Agent: _____ <input type="checkbox"/> Other (Please Specify): _____	
7. Payment			
Fee Type:	Fee For Service: <input type="checkbox"/>	Others: <input type="checkbox"/>	
Total of Fees:			
<ul style="list-style-type: none"> <li>• Invoices/receipts will be raised and sent within 7 days of enrolment date.</li> <li>• Payment is expected within 14 days.</li> <li>• Apeiro Institute will only accept a maximum payment of \$1000 before commencement of studies and no more than \$1500 per month.</li> <li>• Payment must be made before commencement of course.</li> <li>• The Admin and resource fees are payable immediately.</li> </ul> No refund is applicable for these fees. • Cancellation fees may apply, refer to refund policy.		Course Fee:	\$
		Resources Fee:	\$
		Administration Fee:	\$
		TOTAL:	\$
<input type="checkbox"/> <b>Payment Plan : Choose here if you wish to sign up for a payment plan</b>			
Payment Options / Method:			
<input type="checkbox"/> Cash			
<input type="checkbox"/> Cheque	Please make cheques payable to : Apeiro Institute Pty Ltd		
<input type="checkbox"/> Direct Deposit	Account Name: <b>Apeiro Institute Pty Ltd</b> BSB: <b>302 162</b>	Bank: <b>BANKWEST</b> Account No: <b>1027605</b>	
<input type="checkbox"/> Credit Card	<i>Completed Credit Card Authorization / Direct Debit Form MUST be attached</i>		
<input type="checkbox"/> Direct Debit	<i>Completed Credit Card Authorization / Direct Debit Form MUST be attached</i>		
8. Personal Information			
A. Indigenous Status (Please choose by placing an X in the boxes that apply to you)			
<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander
B. Employment Status (Please choose by placing an X in the boxes that apply to you)			
<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Full Time Student

<b>C. Disability Status</b> (Please choose by placing an X in the boxes that apply to you)			
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?			
Yes <input type="checkbox"/> No – Go to D.			
Disability, Impairment or Long-Term Condition:			
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision	<input type="checkbox"/> Not Specified
Do you need any additional support?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specify support required :			
<b>D. Language and Literacy</b> (Please choose by placing an X in the boxes that apply to you)			
Are you an Australian Citizen?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, what is your country of birth?			
Please State your Visa Classification (if applicable) – eg 500, 572, 457 etc			
Is English your First Language?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, what other languages do you usually speak?			
How well do you speak English?		Very Well <input type="checkbox"/> Minimal <input type="checkbox"/> Well <input type="checkbox"/> Not at all <input type="checkbox"/>	
<b>E. Education</b> (Please choose by placing an X in the boxes that apply to you)			
What is your highest level of education COMPLETED?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Year / Month Completed :		/	School:
<b>F. Training</b> (Please choose by placing an X in the boxes that apply to you)			
Have you completed any other courses / qualifications? (Specify Below)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Diploma/Adv Diploma
<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Post Grad
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Masters/Doctorate
<input type="checkbox"/> Other :			
<b>G. Reason for Study</b> (Please choose by placing an X in the boxes that apply to you)			
<b>Which of the following statements best describes your reason for enrolling in this course?</b>	<input type="checkbox"/> Personal Interest	<input type="checkbox"/> To start my own business	
	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try another career	
	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> Meet CPD / license / vocational requirements	
	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> To gain a qualification	
	<input type="checkbox"/> Other: (Please Specify)		

## 9. Client Enrolment and Policy acceptance Declaration

I, \_\_\_\_\_, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to APEIRO INSTITUTE to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

### I declare that I have read, understood and agree with the following:

Initial

All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

#### PRIVACY

The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact CEO APEIRO INSTITUTE.

#### REFUND POLICY

Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us. In below Table 1 has description in accordance with the refund policy.

#### COLLECTION FEES

By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.

**Table 1 - Refund and Cancellation**

Reason for Refund/Cancellation	Notification Period	Refund	Cancellation Fee
Student Default	More than 4 weeks before course commences	Full refund less <b>Cancellation administration Fee</b>	\$300
	4 weeks or less before course commencement	40% of a course fee	60% of course fee
	After course commencement	No Refund	100% of course fee

#### Student Default occurs when:

- The course starts at the location on the agreed starting day, but the student does not start the course on that day (and has not previously withdrawn); or
- The student withdraws from the course at the location (either before or after the agreed starting day); or
- APEIRO INSTITUTE refuses to provide, or continue providing, the course to the student because of one or more of the following events:
  - The student failed to pay an amount he or she was liable to pay the provider, directly or indirectly, in order to undertake the course;
  - Breach of Apeiro Institute's Policies as outlined in the Student Handbook.

#### Refunds after APEIRO INSTITUTE Default

In the unlikely event of APEIRO INSTITUTE default, **within 28 days of the default**, APEIRO INSTITUTE will:

- Either offer you an alternative place at APEIRO INSTITUTE's expense, that is accepted by you in writing; or
- Refund you the unused portion of the prepaid fees.

Applicant Name:

Applicant Signature:

Date:

/ /

Admin Use Only							
<b>Applicant Name:</b>							
<b>Course Enrolled:</b>							
<b>LLN Assessment completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Enrolment processed in SMS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Client File Created:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Invoice Raised:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Invoice Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Confirmation Letter Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Training Plan Provided:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Trainer / Assessor Advised:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	

<b>RTO Staff Name:</b>							
<b>RTO Staff Signature:</b>				<b>Date:</b>			
<b>Client Induction Completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	