

# APPLICATION FOR ENROLMENT



Please complete this application form and return with your payment form to the AIRC. Please use block letters and  boxes as required.

BSB40807 Certificate IV in Frontline Management

## PERSONAL DETAILS

Title: Ms/Miss/Mr/Mrs

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(if different to above)

Phone (home): \_\_\_\_\_ Fax (home): \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Citizenship:  Australian Citizen  Australian Temporary Resident  
 Australian Permanent Resident  New Zealand Citizen

Are you of Aboriginal or Torres Strait Islander Origin?:  No  Yes

Do you have a permanent or significant disability?:  No  Yes If yes, please state: \_\_\_\_\_

## EDUCATION INFORMATION

Highest qualification already attained: \_\_\_\_\_

Institution: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Other Tertiary Qualifications: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Level achieved at school: \_\_\_\_\_ Year Completed: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employment Status:  Full Time  Part Time  Casual Hours worked per week: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Employer Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## CERTIFICATION

I hereby apply for enrolment for the **Certificate IV in in Frontline Management** and in so doing:

- (a) I acknowledge that this enrolment application does not serve as an automatic entry into the nominated course. However, the submission of a fully completed enrolment application form together with appropriate enrolment/tuition fee payment will secure a position in the nominated course subject to full enrolment confirmation by an AIRC consultant.
- (b) Should your application be unsuccessful, the AIRC will reimburse in full the enrolment/tuition fees according to the cancellation policy outlined in the appropriate Student Handbook.
- (c) I agree to not reproduce or use my notes or AIRC materials except for use in study and place of employment. All materials are subject to copyright laws.
- (d) I confirm that I have read the Student Handbook (available on our website) and accept the terms, conditions and policies outlined within.

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE FORWARD COMPLETED FORM TO:  
AIRC - PO Box 10, SAMFORD QLD 4520 AUSTRALIA  
Phone: 001 61 7 3289 1900 Fax: 001 61 7 3289 2005  
E-mail: [enquiries@avnrc.com.au](mailto:enquiries@avnrc.com.au) Web: [www.provetlearning.com.au](http://www.provetlearning.com.au)

*If you were referred to our organisation, please indicate referral's details* \_\_\_\_\_