



Equanimity Consultants Pty Ltd
 T/A Empyrean Education Institute
 ABN: 70080503091
 16 The Terrace Fremantle
 W.A 6160
 (08) 9228 1600
 www.eei.wa.edu.au
 RTO ID: 52118 CRICOS: 03275D

STAFF-IN-CONFIDENCE

DOMESTIC STUDENT ENROLMENT FORM

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STAFF USE ONLY

| | | | | | |
|--------------------|----------------------|----------------------------|----------------------|---------|----------------------|
| Concession Status: | <input type="text"/> | Jobs & Skills WA Category: | <input type="text"/> | CPS No: | <input type="text"/> |
|--------------------|----------------------|----------------------------|----------------------|---------|----------------------|

Please complete the following form in full and return.

If you have any questions please contact our customer service staff Post: 16 The Terrace Fremantle, W.A 6160

Email: admission@eei.wa.edu.au or visit our website at: www.eei.wa.edu.au

Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

| | | | | | |
|--------------|-------------------------------|---------------------------------|---|-------------------------------|---------------------------------|
| Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other: |
| Surname: | <input type="text"/> | | | | |
| Given Names: | <input type="text"/> | | | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other (Please specify) | Date of Birth: | <input type="text"/> |

Section 2 – Identification

| | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Unique Student Identifier (USI) | | | |
| EMPYREAN EDUCATION is required by law to verify your Unique Student Identifier (USI) before we can issue certification. | | | |
| Do you have a USI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your USI No. <input type="text"/> |
| Provide at least ONE form of ID (e.g. Driver's License) <i>(Admin Staff will need to sight your ID)</i> | | | |
| ID Type: | <input type="text"/> | Admin Sighted (Sign) | <input type="text"/> |
| ID #: | <input type="text"/> | Admin Sighted (Sign) | <input type="text"/> |

Section 3 - Payment

| | | | |
|--|---|------------------------------|-----------------------------|
| Payment Responsibility | <input type="checkbox"/> Client (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian <input type="checkbox"/> Other: | | |
| Full/Partial Payment | I will make full upfront payment of fees & charges | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *If client cannot make full upfront payment, a Financial Hardship Application must be completed with Enrolment documents* | | | |
| Your Concession Type: <i>(Admin Staff will need to sight your ID)</i> | Centrelink No. | <input type="text"/> | |
| | Job Seeker No. | <input type="text"/> | |
| | Health Care Card No. & Classification | <input type="text"/> | |

Section 4 – Qualification / Course Details

| | | | |
|--|---|--|--|
| I wish to enrol in the following course: | | | |
| <input type="checkbox"/> SIT20416 Certificate II in Kitchen Operations | <input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery | <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery | <input type="checkbox"/> SIT31016 Certificate III in Patisserie |
| <input type="checkbox"/> SIT30616 Certificate III in Hospitality | <input type="checkbox"/> SIT40716 Certificate IV in Patisserie | <input type="checkbox"/> Short Course (Name) _____ | |
| <input type="checkbox"/> SIT50416 Diploma of Hospitality Management | | | |
| <input type="checkbox"/> SIT60316 Advanced Diploma in Hospitality | | | |
| I wish to enrol at the following campus location: | | | |
| <input type="checkbox"/> Fremantle- 16 & 18 The Terrace Fremantle. W.A | <input type="checkbox"/> Mandurah- 65/85 Mahogany Drive, Halls Head, W. A | <input type="checkbox"/> Perth City- 305 Lord Street, Highgate W. A | |
| Intake Selection | <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July <input type="checkbox"/> September |

Approved by: Patrick Ryan

Doc #: DOC0061

Approved Date: 05 Mar 2019

Next Review: 05 Mar 2020

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Section 4 – Contact Details

Personal Contact

| | | | |
|--|--|---------------|--|
| Phone: (Home) | | Mobile: | |
| Email: | | | |
| Home Address: | | | |
| Address: | | | |
| Suburb: | | State: | |
| | | Postcode: | |
| Mailing Address (If different from above): | | | |
| Address: | | | |
| Suburb: | | State: | |
| | | Postcode: | |
| Next of Kin: | | | |
| Name: | | Relationship: | |
| Contact Tel: | | Mobile No: | |
| Emergency Contact: | | | |
| Name: | | Relationship: | |
| Contact Tel: | | Mobile No: | |

Section 5 – Workplace Details (if applicable) / Job Network Details

| | | | |
|-----------------------|--|-----------|--|
| Employer/Job Network: | | | |
| Address: | | | |
| Suburb: | | State: | |
| | | Postcode: | |
| Email Address: | | | |
| Contact Person: | | Phone No: | |

Section 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 – Not Seeking Employment |

C. Disability Status (Please choose by placing an X in the boxes that apply to you)

| | | | |
|--|---------------------------|--------------------------|-------------------|
| Do you consider that you have a disability/long term condition/impairment that may affect participation in the course? | | | |
| <input type="checkbox"/> | 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"/> | Vision | <input type="checkbox"/> | Intellectual |
| <input type="checkbox"/> | Acquired Brain Impairment | <input type="checkbox"/> | Learning |
| <input type="checkbox"/> | | <input type="checkbox"/> | Medical Condition |
| <input type="checkbox"/> | | <input type="checkbox"/> | Mental Illness |
| <input type="checkbox"/> | | <input type="checkbox"/> | Not Specified |
| <input type="checkbox"/> | Other: | | |
| Do you need any additional support? | | <input type="checkbox"/> | Yes |
| | | <input type="checkbox"/> | No |
| Specify support required: | | | |

D. Language and Literacy (Please choose by placing an X in the boxes that apply to you)

| | | | | |
|---|--------------------------|-----------------|--------------------------|----|
| Are you an Australian Citizen? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| What is your country of birth? | | Place of Birth? | | |
| Please State your Visa Classification (if applicable) – | | | | |
| Is English your First Language? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If NO, what language do you usually speak? | | | | |

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| | | | | | |
|---|--------------------------------|--|---------------------------------|---|-------------------------------------|
| How well do you speak English? | | <input type="checkbox"/> Very Well | <input type="checkbox"/> Well | <input type="checkbox"/> Minimal | <input type="checkbox"/> Not at all |
| E. Education <i>(Please choose by placing an X in the boxes that apply to you)</i> | | | | | |
| 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: | | |
| F. Training <i>(Please choose by placing an X in the boxes that apply to you)</i> | | | | | |
| Have you completed any other courses / qualifications? (Specify Below) | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Qualification Level | | Discipline /Subject Area | | Qualification Level | |
| <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/Other |
| G. Reason for Study <i>(Please choose by placing an X in the boxes that apply to you)</i> | | | | | |
| Reason for enrolling in this course? | | <input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job <input type="checkbox"/> To start my own business | | <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To gain a qualification <input type="checkbox"/> Other | |
| Section 6 – Marketing Feedback | | | | | |
| How did you hear about EMPYREAN EDUCATION? | | <input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage / | | <input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> Past Student/From a past student <input type="checkbox"/> Other | |
| How did you hear about this course? | | <input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television/Radio | | <input type="checkbox"/> Industry Body / Regulator /Employer <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Other | |
| Section 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 EMPYREAN EDUCATION INSTITUTE to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for 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 Director EMPYREAN EDUCATION 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. | | | | | |
| 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. | | | | | |
| Client Name: | | Client Signature: | | Date: | / / |
| RTO Staff Name: | | RTO Signature: | | Date: | / / |