



Student Enrolment Form

College of Warehousing

DESIRED STUDY PROGRAM

I would like to apply for admission to the following course:

--

(Full name of course and course code)

PREFERRED STUDY MODE

College Based

Online Learning

Self Paced

RPL – (Recognition Prior Learning)

PREFERRED COLLEGE LOCATION

Brisbane

Sydney

Other

PERSONAL DETAILS *(Please use BLOCK LETTERS)*

FIRST NAME		MIDDLE NAME	
-------------------	--	--------------------	--

FAMILY NAME	
--------------------	--

DATE OF BIRTH	MALE/FEMALE
----------------------	--------------------

HOME ADDRESS	
---------------------	--

SUBURB		STATE		POST CODE	
---------------	--	--------------	--	------------------	--

HOME PHONE	MOBILE
-------------------	---------------

EMAIL ADDRESS	
----------------------	--

EMERGENCY CONTACT

NAME	
-------------	--

TELEPHONE	
------------------	--

EMPLOYMENT STATUS *(Please use BLOCK LETTERS)*

JOB TITLE	
------------------	--

EMPLOYER NAME	
----------------------	--

EMPLOYER ADDRESS	
-------------------------	--

SUBURB		STATE		POST CODE	
---------------	--	--------------	--	------------------	--

WORK PHONE	WORK FAX
-------------------	-----------------

SUPERVISOR'S NAME	SUPERVISOR'S PHONE
--------------------------	---------------------------

SUPERVISOR'S EMAIL	
---------------------------	--

Student Induction and Enrolment Pack

*(You **must** supply an email address)*

EDUCATION *(Please tick box)*

ARE YOU STILL ATTENDING SECONDARY SCHOOL? YES NO
 WHICH SCHOOL LEVEL DID YOU COMPLETE? Year 12 Year 11 Year 10
 WHICH YEAR DID YOU COMPLETE THIS LEVEL? 19 _____ 20 _____
 HAVE YOU SUCCESSFULLY **COMPLETED** ANY NATIONALLY ACCREDITED QUALIFICATIONS? YES NO
 IF YES, PLEASE STATE NAME OF QUALIFICATION, LOCATION AND LEVEL ATTAINED _____

CITIZENSHIP AND OTHER DETAILS *(Please tick box)*

DO YOU BELONG TO ANY OF THE FOLLOWING EEO (EQUAL EMPLOYMENT OPPORTUNITY) GROUPS?

AUSTRALIAN CITIZEN OR PERMANENT RESIDENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NEW ZEALAND PASSPORT HOLDER / RESIDENT SIX(6) MONTHS OR MORE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
AUSTRALIAN ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
PERSON WITH A PERMANENT DISABILITY	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

IF YES, DO YOU REQUIRE ANY SPECIAL ASSISTANCE *(Please specify)*

HEALTH (CIRCLE ONE) GOOD AVERAGE POOR EXCELLENT

PERSON FROM A NON-ENGLISH SPEAKING BACKGROUND

IF YES, IS ENGLISH YOUR FIRST LANGUAGE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF NO, IS YOUR ENGLISH EASILY UNDERSTOOD BY OTHERS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF NO, ARE YOU INTERESTED IN ASSISTANCE TO SPEAK ENGLISH	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION OR ADVICE REGARDING ASSISTANCE YOU MAY NEED/S

STUDENT HANDBOOK *(Please read carefully before signing)*

I hereby acknowledge receipt of a College of Warehousing Student Enrolment and Induction pack which has either been explained to me or that I have read and understood. I understand my responsibilities as a student while enrolled with the College and understand the role and responsibilities of a registered training organisation. Should I require additional information about the College of Warehousing's Policies and Procedures, they will be made available to me upon request. I also agree to give my personal details and information to the Department of Employment, Training & Arts (QLD) and/or the Department of Education & Training (NSW) and other Government Agencies directly responsible for training in Australia.

Participant's Signature

Date...../...../.....

PLEASE FAX COMPLETED ENROLMENT FORM TO: (02) 9891 6678 OR (07) 3375 9944

OFFICE USE ONLY

Course.....	Code.....
Start Date.....	End Date.....
Initial.....	NOTES.....

COLLEGE OF WAREHOUSING SYDNEY OFFICE
MAIL PO BOX 3271 Parramatta NSW 2124
PHONE (02) 9689 3780 FAX (02) 9891 6678
EMAIL admin@colofwhousing.com.au
WEBSITE www.colofwhousing.com.au

COLLEGE OF WAREHOUSING BRISBANE OFFICE
MAIL PO BOX 769 Sumner Park QLD 4074
PHONE (07) 3375 9933 FAX (07) 3375 9944
EMAIL admin@colofwhousing.com.au
WEBSITE www.colofwhousing.com.au

