

APPLICATION RECEIVED STAMP/DATE

Australian College of Agriculture & Horticulture	
SHORT COURSE EN	IROLMENT FORM
<u>NOTE:</u> Client must complete this form and submit it at ACAH Reception by ema Please fill in ALL spaces, using block (capital) letters. When approved, this Enry	
for this purpose. Section A: Personal details	
	Section D: Course details
	Please indicate which course you want to enrol in:
STUDENT ID NUMBER (if applicable)	Auschem – Farm Chemical Users Course * Cost: \$405.00
Family Name:	Auschem – Refresher Course* Cost: \$305.00
Given Names:	Auschem – Farm Chemical Users Course (ACDC Qld)* Cost: \$450.00
	Other
Middle Name:	
Date of Birth:	When do you wish to Study? Date:
Gender: Male Female Other	When do you wish to Study: Date.
Residence Address:	
Post Code:	Location 🔲 Werribee ACAH Demonstration Farm,
Postal Address:	25 Whites Rd, Werribee South, VIC 3030
	Level 11, 55 Swanston Street, Melbourne, 3000
Post Code:	Level 3, 67 Lake Street, Cairns, QLD, 4870
Telephone Number:	
	Other location:
Mobile:	Section E: Reason for Study (tick the most appropriate box)
E-mail:	To get a job
USI:	Develop my existing business
Medicare No: Expiry :	Start my own business
	Try for a different career Get a better job or promotion
Section B: Employer details (if applicable)	\square It was a requirement of my job
Name:	\square I wanted extra skills for my job
	To get into another course or study
ABN:	For personal interest or self-development
Billing	
Address:	Section F: Employment Category
Post Code:	
Phone number:	What is your current employment status?
E-mail:	Full-time employee
E mail	Part-time employee Self-employed/not employing anyone
Section C: Emergency Contact (for duration of course)	Employer
Section C: Emergency Contact (for duration of course)	Employed/unpaid worker in voluntary capacity
	Unemployed/Seeking full-time employment
Name:	Unemployed/Seeking part-time employment

Unemployed/Not seeking employment

Telephone:

If you are employed, which BEST describes your occupation? (Tick	What is your highest completed school level?
ONE box only.)	
Manager	Completed Year 12
Professionals	Completed Year 11
Technicians and Trade Workers	Completed Year 10
Community and Personal Service Workers	Completed Year 9 or Equivalent
Clerical and Administrative Workers	Completed Year 8 or Lower
Sales Workers	Did Not Go to High School
Machinery Operators and Drivers	, i i i i i i i i i i i i i i i i i i i
	In which year did you complete that school level:
Other	
If you are employed, which BEST describes your industry of	Bachelor Degree or Higher Degree
employment? (Tick ONE box only.)	Advanced Diploma or Associate
Agriculture, Forestry and Fishing	
	Diploma or Associate Diploma
	Certificate IV or Advanced
Electricity, Gas and Water Services	Certificate/Technician
	Certificate III or Trade Certificate
Wholesale Trade	Certificate II
Retail Trade	
Accommodation and Feed Services (Please turn over)	Certificates Other Than the Above
Transport, Postal and Warehousing	
Information, Media and Telecommunications	
Financial and Insurance Services	If you have completed a prior qualification was this completed:
Professional, Scientific and Technical Services	In Australia
Administrative and Support Services	Overseas, Country
Public Administration and Safety	Overseas & Assessed as Australian equivalent by
Education and Training	(assessing body)
Health Care and Social Assistance	
Arts and Recreation Services	Section I: Fees and Refund Policy
Other	Payments have to be made prior to the commencement of the
—	 Notice of non-attendance for registered participants needs to be
Section G: Indigenous Status / ATSI Status	received 3 days prior to course commencement. Refunds will not be made for participants cancelling less than 3 days prior to course
Born in Australia Yes No	commencement. Refunds will only be made by Cheque or EFT.
If yes:	 Statement of Attainment will be posted to your mailing address provided.
Aboriginal	Please refer to ACAH refund policy and procedure.
Torres Strait Islander	Section J: Conditions of enrolment
Both Aboriginal & Torres Strait Islander	In consideration of Australian College of Agriculture & Horticulture accepting my
Neither	application for enrolment as a student and providing tuition to me, I agree that I will not hold it, and/or its employees, and/or agents liable for and will not make
If no, Country of Birth:	any claim against them for any loss, damage, death or injury which I may suffer
Language used at home:	or cause as a result of or in connection with or during the period of: a) My attendance at any premises owned, operated or controlled by
	Australian College of Agriculture & Horticulture b) My attendance at any activity that Australian College of Agriculture &
Section H: Literacy / Education	Horticulture (ACAH) has any knowledge of (whether work experience,
How well do you read & write English?	sporting, cultural, social, educational, recreational or otherwise) that is organised by, or on behalf of, or with the assistance of ACAH.
Very Well Well Not Well Not at all	I agree that this Agreement shall be governed in all respects by and interpreted within the laws of the State of Victoria, State Government of Queensland in the
How well do you calculate mathematically?	Commonwealth of Australia.
Very Well Well Not Well Not at all	All conditions of enrolment are outlined in the pre-enrolment information
	handbook and the student handbook, available on the ACAH website, www.acah.edu.au
Do you have a disability? Yes / No	
If you indicated the presence of a disability, impairment or long-term	Section K: Privacy statement
	Information provided by the student to Australian College of Agriculture &
condition, please select the area(s) in the following list:	Horticulture, including personal and family details, education and employment details, will be used by ACAH to process your application and enrolment. This information will be treated as confidential and is available for your review, subject
Hearing/deaf Physical	
Intellectual Learning	information will be treated as confidential and is available for your review, subject
Mental illness Acquired brain impairment	information will be treated as confidential and is available for your review, subject
	information will be treated as confidential and is available for your review, subject

Section L: Student declaration

- I certify that I have read this form thoroughly and agree to the conditions stated herein.
- I understand that enrolment is accepted under the condition that my tuition and other fees are paid in full prior to the commencement of program. All information provided by me is correct and complete as at the date of this form. •
- •

Signature: _____

Date: ___

Section M: OFFICE USE ONLY

□ APPROVED

□ NOT APPROVED

Authorised Person Name: _____

Date: _____