

ENROLMENT FORM (BSB40407)

Personal Details		Student Number: _____	
Surname:	_____	Phone: (H)	(W)
Given Names:	_____	Fax: (H)	(W)
Date of Birth:	_____	Mobile:	_____
Country of Birth:	_____	Email:	_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Address: (Residential)	_____
Emergency Contact:	_____		_____
Contact Phone:	_____	Postcode	_____
Aboriginal / Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Postal Address; (if different from above)	_____
Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			_____

Do you have any physical or learning disabilities which could prevent you from completing this course? Y N

Employment Status			
<input type="checkbox"/> Employer	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Unemployed – Seeking Full-Time Work	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Unemployed – Seeking Part-Time Work	
	<input type="checkbox"/> Employed – Unpaid Family Worker	<input type="checkbox"/> Unemployed – Not Seeking Employment	
Employer's Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____		_____
Email:	_____	Postcode:	_____
Educational History			
Last Institute Attended:	_____	Date:	/ /
Highest Level Attained:	_____		
Course Details			
Course Code:	BSB40407	Course Name:	Cert IV in Small Business Management
BSB40407 Start Date:	/ /	Finish Date:	/ /

I agree to abide by the rules of Southern Cross International Learning Institute in as far as they may apply to me.

I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.

I recognise that it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.

I hereby give permission to Southern Cross International Learning Institute to verify the authenticity of my qualifications and/or any other documentation as required.

Signature: _____

Date: / /

Intended Study Program

<i>RPL</i>	<i>Training</i>	Unit No:	Unit Title:
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	BSBSMB401A	Establish legal and risk management requirements of small business
<input type="checkbox"/>	<input type="checkbox"/>	BSBSMB402A	Plan small business finances
<input type="checkbox"/>	<input type="checkbox"/>	BSBSMB403A	- Market the small business
<input type="checkbox"/>	<input type="checkbox"/>	BSBSMB404A	Undertake small business planning
<input type="checkbox"/>	<input type="checkbox"/>	BSBCUS401A	Coordinate implementation of customer service strategies
<input type="checkbox"/>	<input type="checkbox"/>	BSBFIA402A	Report on financial activity
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT404A	Lead and facilitate off-site staff
<input type="checkbox"/>	<input type="checkbox"/>	BSBMKG413A	Promote products and services
<input type="checkbox"/>	<input type="checkbox"/>	BSBREL401A	Establish networks
<input type="checkbox"/>	<input type="checkbox"/>	BSBRES401A	Analyse and present research information
<input type="checkbox"/>	<input type="checkbox"/>	BSBCUS402A	Address customer needs
<input type="checkbox"/>	<input type="checkbox"/>	BSBCMM401A	Make a presentation

Fee structure

Full BSB40407 **\$4000.00** Recognition of Prior Learning (RPL) **\$2000.00**

A deposit is required on enrolment.

Payment Method

A tax invoice and receipt will be sent on receipt of payment.

I am paying \$..... as <input type="checkbox"/> Deposit <input type="checkbox"/> Full Course Fee	
<input type="checkbox"/> Cheque/money order payable to: <i>Southern Cross International Learning Institute</i> <input type="checkbox"/> Direct Deposit	DIRECT DEPOSIT DETAILS: Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 351848 Account: Shincrest P/L Name: T/A Southern Cross International Learning Institute (SCILI)
<input type="checkbox"/> I would like to pay by credit card (<i>please complete your credit card details</i>): Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa	
Card Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Expiry Date: __/__/__
Cardholder Name: _____	Cardholder Signature: _____