

## ENROLMENT FORM (BSB40807)

<b>Personal Details</b>		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

- Employer       Full-Time Employee       Unemployed – Seeking Full-Time Work  
 Self-Employed       Part-Time Employee       Unemployed – Seeking Part-Time Work  
 Employed – Unpaid Family Worker       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: **BSB40807** Course Name: **Cert IV in Front Line Management**

BSB40807 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:
<b>Please tick ONE box only ie Either RPL Or Training</b>			
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT401A	Show leadership in the workplace
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT402A	Implement operational plan
<input type="checkbox"/>	<input type="checkbox"/>	BSBOHS407A	Monitor a safe workplace
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR402A	Promote team effectiveness
<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

**Fee structure**

Full BSB40807                      **\$3600.00**                      Recognition of Prior Learning (RPL)   **\$1600.00**

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	<b>DIRECT DEPOSIT DETAILS:</b> Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 358148 Account Name: 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: _____