



Southern Cross International Learning Institute

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ENROLMENT FORM (BSB51107)

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

- 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: **BSB51107** Course Name: **Diploma of Management**

BSB51107 Start Date:	____ / ____ / ____	Finish Date:	____ / ____ / ____
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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

<u>RPL</u>	<u>Training</u>	Unit No:	Unit Title:
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	BSBCUS501C	Manage quality customer service
<input type="checkbox"/>	<input type="checkbox"/>	BSBFIM501A	Manage budgets and financial plans
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT502B	Manage people performance
<input type="checkbox"/>	<input type="checkbox"/>	BSBOHS509A	Ensure a safe workplace
<input type="checkbox"/>	<input type="checkbox"/>	BSBPMG510A	Manage projects
<input type="checkbox"/>	<input type="checkbox"/>	BSBR5K501B	Manage risk
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR502B	Ensure team effectiveness
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR501B	Manage personal work priorities and professional development
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT515A	Manage operational plan
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT516C	Facilitate continuous improvement
<input type="checkbox"/>	<input type="checkbox"/>	BSBFIM502A	Manage payroll
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT401A	Show leadership in the workplace
<input type="checkbox"/>	<input type="checkbox"/>	BSBHRM402A	Recruit, select and induct staff

Fee structure

Full BSB51107 **\$3600.00**

Recognition of Prior Learning (RPL) **\$1300.00**

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: 358148 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"/>
Cardholder Name:	Expiry Date: __/__/__
Cardholder Signature: _____	