

ENROLMENT FORM (BSB50407)

| | | | |
|---|--|---|-----|
| 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: **BSB50407** Course Name: **Diploma of Business Administration**

BSB50407 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

| <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"/> | BSBFIM502A | Manage payroll |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBADM502B | Manage meetings |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBADM504B | Plan or review administration systems |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBPMG510A | Manage projects |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBADM506B | Manage business document design and development |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBCUS501B | 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"/> | BSBWOR502B | Ensure team effectiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBWOR501B | Manage personal work priorities and professional development |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBOHS509A | Ensure a safe workplace |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBRISK501A | Manage risk |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBMGT515A | Manage operational plan |
| <input type="checkbox"/> | <input type="checkbox"/> | BSBMGT516B | Facilitate continuous improvement |

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