

ENROLMENT FORM (40649SA)

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

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:	<input type="text"/>	Address:	<input type="text"/>
Phone:	<input type="text"/>		<input type="text"/>
Fax:	<input type="text"/>		<input type="text"/>
Email:	<input type="text"/>	Postcode:	<input type="text"/>

Educational History			
Last Institute Attended:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Highest Level Attained:	<input type="text"/>		

Course Details			
Course Code: 40649SA	Course Name: TESOL – Teaching English to Speakers of Other Languages		
40649SA Start Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Finish Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

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>	<u>Unit No:</u>	<u>Unit Title:</u>
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	AABBH	Design and deliver an ESL teaching program.
<input type="checkbox"/>	<input type="checkbox"/>	AABBK	Design and develop and ESL learning framework
<input type="checkbox"/>	<input type="checkbox"/>	AABBG	Demonstrate understanding of the basic terminology of traditional grammar
<input type="checkbox"/>	<input type="checkbox"/>	AABBL	Identify and use basic grammatical concepts and traditional metalanguage
<input type="checkbox"/>	<input type="checkbox"/>	AABBM	Plan an integrated lesson using communicative language teaching methodology

Fee structure

Full 40649SA **\$2800.00** Recognition of Prior Learning (RPL) **\$1000.00**

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: _____