



**ENROLMENT FORM**

(Please complete IN FULL and return to [info@sca.edu.au](mailto:info@sca.edu.au) along with a colour copy of your driver's license or passport and Medicare card)  
Please complete all sections of the form using block letters. Please print clearly as scanned documents can become blurred.

1. PERSONAL DETAILS	
Surname: _____	Given Name/s: _____
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	
Street Address: _____	
Suburb: _____	State/Postcode: _____
Postal Address: _____	
Suburb: _____	State/Postcode: _____
DOB: _____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Mobile: _____	Home Phone: _____
Email: _____	
2. EMERGENCY CONTACT	
Name: _____	
Relationship: _____	Phone: _____
3. DO YOU HAVE A UNIQUE STUDENT IDENTIFIER (USI) NUMBER?	
If YES, please provide _____ If NO, please complete online application at <a href="https://www.usi.gov.au/students/create-your-usi">https://www.usi.gov.au/students/create-your-usi</a> and provide above	<b>A USI is mandatory for all training.</b>
3. EMPLOYMENT STATUS/DETAILS	
Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Employer or Self Employed <input type="checkbox"/> Casual	
Unemployed: <input type="checkbox"/> Seeking full time work <input type="checkbox"/> Not seeking employment <input type="checkbox"/> Seeking part time work <input type="checkbox"/> Unpaid worker in a family business	
Employer Name: _____	
Contact Name: _____	
Phone: _____	Email: _____
4. CITIZENSHIP, CULTURAL DIVERSITY & LANGUAGE	
Were you born in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide place of birth: _____	
If No, what is your country of birth? _____	
Citizenship Status: _____	
Are you a visa holder? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Yes, provide visa type: _____	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander	
Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	

**5. DISABILITIES & ASSISTANCE** – Answering these questions will assist Star College Australia in catering for your special needs

**Do you have a disability, impairment or long term medical condition which may affect your studies?**

Yes  No

**If YES, please indicate the area of disability, impairment or long term medical condition:**

- Hearing/Deaf       Physical       Visual/Sight       Chronic Illness  
 Intellectual       Other (please specify)

**Do you require special assistance with:**

- Literacy  Yes  No  
 Numeracy  Yes  No  
 Language  Yes  No

NOTE: If YES, you will be contacted by our Administration staff and asked to complete an LLN test to establish the level of support you will need.

**6. STUDY REASON** – from the following categories, which BEST describes your main reason for undertaking this course?

- To start my own business       To try for a different career       For self-development  
 I wanted extra skills for my job       To get a promotion       For personal interest  
 To develop my existing business       To get a job       It was a requirement for my job  
 To get into another course       Other (please specify)

**7. EDUCATION DETAILS**

**Are you currently studying a Cert III or higher qualification?**

Yes  No

**Are you currently still at high school?**

Yes  No

**Highest level of school completed? (i.e. Year 12)** \_\_\_\_\_ **In what year?** \_\_\_\_\_

**Have you previously completed any qualifications?**  Yes  No

**If NO, skip to Section 8**

**If YES, please tick applicable boxes:**

- Bachelor Degree or higher       Certificate IV       Certificate I  
 Advanced Diploma       Certificate III       Other  
 Diploma       Certificate II

**Provide details of ALL previous qualifications:** \_\_\_\_\_

**8. QUALIFICATION/COURSE YOU ARE ENROLLING IN:**

Course Code: (if known) \_\_\_\_\_

Course Title: \_\_\_\_\_

**9. LEARNER DECLARATION**

**Learner Declaration**  
**This section must be completed. If left blank, the enrolment unfortunately cannot be accepted.**

<input type="checkbox"/>	I am applying to enrol in a course with Star College Australia Pty Ltd. I agree that I have read and understood and agree to be bound by the conditions as described in the Learner Handbook. I understand that failure to comply with the obligations as laid out in the Learner Handbook could lead to suspension or cancellation of my enrolment.
<input type="checkbox"/>	I acknowledge that it is my responsibility to pay all fees as agreed and that my qualification or statement of attainment (where applicable) will not be processed until all fees are paid in full.
<input type="checkbox"/>	I have read and understood the Star College Australia Pty Ltd refund policy as stated in the Learner Handbook.
<input type="checkbox"/>	I confirm that the details provided on this form are true and correct to the best of my knowledge.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment.		
Parent/Guardian Sign:		Date:

**IMPORTANT NOTE FOR EMAIL ENROLMENTS:**

Star College Australia Pty Ltd is required to have your physical signature. In the event of emailing your enrolment form, you must complete the following. Please **COPY and PASTE** the below after you have filled out relevant sections **into the body of your email**. This will be used as proof of your request to enrol and you unfortunately cannot be enrolled without it.

***I, \_\_\_\_\_ (insert name) agree to the Learner Declaration as stated on the Star College Australia Pty Ltd. enrolment form, \_\_\_\_\_ (insert date).***

<b>Contact Details:</b>	
<b>Post to:</b> Star College Australia Po Box 457 Nerang QLD 4211	<b>Phone:</b> 1300 206 000 <b>Email:</b> <a href="mailto:admin@sca.edu.au">admin@sca.edu.au</a>

<b>OFFICE USE ONLY</b>			
Date received:	_____	NAME:	_____
USI Verified:	YES /NO	NAME:	_____ DATE: _____



**10. Payment Options**

Course fee: \$.....

Once an option has been selected, you will receive an email with an invoice with payment options link for your convenience.

**OPTIONS** *(please tick)*

- Direct Deposit *(preferred)*
- BPAY
- CREDIT CARD
- FUNDING SOURCE *(Please specify if known)* \_\_\_\_\_
- PAYADVANTAGE PAYMENT PLAN *(Please read the terms & conditions)*

PayAdvantage Direct Debit Terms & Conditions

**Direct Debit arrangement**

The Upfront (if specified) and Recurring Debits will be debited from the nominated account according to the schedule specified above. Recurring Debits continue until the Direct Debit has been cancelled or the Amount Reached has been specified and met. Any on-charged fees are excluded when determining if the Amount Reached has been met. If a scheduled debit date has passed before the Direct Debit has been activated (authorised and approved) then these debits will occur on the next possible processing day after activation.

- It is your responsibility to ensure that:
- your nominated account can accept direct debits (your financial institution can confirm this); and
  - that on the scheduled debit date there is sufficient cleared funds in the nominated account; and
  - you advise us if the nominated account is transferred or closed.

If your debit is returned or dishonoured by your financial institution, the dishonoured debit will be re-debited from your nominated account in addition to any applicable fee(s) as listed above. Dishonoured debits may be re-debited together with other scheduled debit(s). Should you cancel the Direct Debit, instruct your bank not to make payment, or more than two (2) consecutive debits are dishonoured we may cancel this agreement and the remaining scheduled amount **plus** all penalty charges will be due and payable.

**Changes to the arrangement**

Changes to the drawing arrangements can be made by clearly outlining the requested change(s) in writing and sending them to the Provider. Changes may include deferring a debit, altering debit amounts, stopping a debit, suspending the Direct Debit, or cancelling the Direct Debit completely.

**Fees**  
Per debit \$ 0.88  
Per debit Failure/Dishonour \$ 5.50

**Enquiries**

All enquiries should be made to the Provider in the first instance, and then to Pay Advantage®. All communication should include your full name and/or company name, the BSB/Account number being debiting, and return contact details.

**Disputes**

If you believe a debit has been initiated incorrectly, we encourage you to take the matter up directly with the Provider in the first instance. If the dispute remains unresolved, then you can lodge your concern in writing with Pay Advantage®. You will receive a refund of the debited amount(s) if the reason for the debit(s) is not substantiated.