



5/580-584 Canterbury Rd  
 VERMONT VIC 3133  
 T: (03) 7066 5233  
 E: [info@emedics.edu.au](mailto:info@emedics.edu.au)  
 W: [www.emedics.edu.au](http://www.emedics.edu.au)

## Application for Enrolment

The information contained in this form is used for enrolment and statistical purposes; to assist in research and evaluation by relevant government agencies and **E-Medics**

COURSE DETAILS			
Course code:		Course Name:	
Delivery mode:	<input type="checkbox"/> Distance <input type="checkbox"/> Face to face <input type="checkbox"/> Combination		
Is RPL being sought as part of this qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact your trainer for further details		
Preferred Course Start date:			
PERSONAL DETAILS			
Name:			Date of Birth: / /
Address:			
		Post Code:	
Phone:	Hm	Wk	Mob
Email:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Cultural diversity and language. Are you:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Yes both <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander		
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In which country were you born?			
Is English your first spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Language spoken?			
How well do you speak English?	<input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Do you have a disability, impairment or long-term health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



If yes, please advise condition:			
<b>Emergency Contact Details</b>			
Name:			Relationship:
Phone:	Hm	Wk	Mob
<b>EMPLOYER DETAILS (if applicable)</b>			
Trading Name:			
Supervisor:			
Address:			Post code:
Phone:		Fax:	
Email:			
<b>EDUCATION DETAILS</b>			
What is your highest completed school level?	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10
	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	
What year did you complete this level?			
Have you successfully completed any of the following qualification levels?	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III
	<input type="checkbox"/> Cert IV	<input type="checkbox"/> Diploma	<input type="checkbox"/> Adv Diploma
	<input type="checkbox"/> Bachelor's degree or higher		
<b>EMPLOYMENT STATUS</b>			
which best describes your current employment status?  (Tick <b>ONE</b> box only)	<input type="checkbox"/> Part time employee		<input type="checkbox"/> Full time employee
	<input type="checkbox"/> Unemployed seeking full time work		<input type="checkbox"/> Unemployed seeking part time work
	<input type="checkbox"/> Employer		
	<input type="checkbox"/> Self-employed but not employing others		
<b>REASON FOR STUDY</b>			
What is your reason for undertaking this course?	<input type="checkbox"/> To get employment		<input type="checkbox"/> To develop existing skills
	<input type="checkbox"/> To start my own business		<input type="checkbox"/> To change careers
	<input type="checkbox"/> To get a promotion		<input type="checkbox"/> Job requirement
	<input type="checkbox"/> Personal interest		<input type="checkbox"/> To get a better job
	<input type="checkbox"/> To get into another course of study		
<b>Unique Identifier Number (USI)</b>			



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We can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

USI No: \_\_\_\_\_

### STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

I acknowledge that I have read and understood the information provided in this form. I also acknowledge that I have read the college student prospectus, marketing material, and received full information from E-Medics's before making the decision to enrol in the course(s). I agree to abide by the above terms & conditions. The information and documents provided by me are true, genuine and correct in all respects.

Student Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If student is under 18 years, signature of parent or guardian is required.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Application along with **Copies** of the following essential documents can be emailed or hand delivered to:

**Admissions Officer**

**Email:** [admissions@emedics.edu.au](mailto:admissions@emedics.edu.au)



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**Documents to be attached with the Application for Enrolment**

(Attach verified translated copies of documents not in English)

- Birth Certificate
- Evidence of highest academic qualifications
- Evidence of English competency
- Related work experience, if any

**Office Use Only**

Date Application Received:		Received By:	
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**Decision on Application** (please *circle* decision)

Accepted / Rejected

Signature:	
Name:	