

> registration form

All personal information provided will be handled confidentially in accordance with the Privacy Act 1988. Details provided may be checked with or supplied to other authorised agencies such as Centrelink where necessary or required by law.

STUDENT INFORMATION

Family Name Student ID# C I T

Given Names

Date of Birth

Residential Address

What is your GENDER? Male Female

Have you PREVIOUSLY studied a CIT program? Yes No

If NO, have you submitted a POSTAL APPLICATION FORM for this semester? Yes No

Are you a PERMANENT RESIDENT or CITIZEN of Australia or New Zealand? Yes No

Will you be applying for a FEE CONCESSION? Yes No

Is this address different from the address you have previously provided to CIT? Yes No

Tel (H) (W)

Fax Mob

Email

Emergency Contact Name Phone

Are you an International Student? Yes No Pastoral Care Officer Signature Date / /

Do you expect to COMPLETE the full program during THIS SEMESTER? Yes No
 If YES please complete an **Application for Award Form**

PROGRAM INFORMATION

Program Code Program Name

Please REGISTER the following classes

Indicate BLOCK CODE (if provided)

or

List the Course Reference Number (CRN) for EACH Class

1. <input style="width: 90%;" type="text"/>	6. <input style="width: 90%;" type="text"/>	11. <input style="width: 90%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	7. <input style="width: 90%;" type="text"/>	12. <input style="width: 90%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	8. <input style="width: 90%;" type="text"/>	13. <input style="width: 90%;" type="text"/>
4. <input style="width: 90%;" type="text"/>	9. <input style="width: 90%;" type="text"/>	14. <input style="width: 90%;" type="text"/>
5. <input style="width: 90%;" type="text"/>	10. <input style="width: 90%;" type="text"/>	15. <input style="width: 90%;" type="text"/>

Please DELETE classes with the following CRNs

1.
2.
3.
4.
5.
6.

Registration details checked and non applicable signature block crossed out by **Enrolling Officer** / /

OFFICE USE ONLY

Funding Code Detail

Purchase Agreement Funds (111)

SPF – ACT other (411)

SPF – Strategic Priorities Program (SPP) (412)

VET in Schools (421)

Other – Please specify funding and project codes

Project Code

Is this student a SPONSORED STUDENT? Yes No

Is this student an AUSTRALIAN RESIDENT? Yes No

If NO, was PROOF OF RESIDENCY sighted? Yes No
(Not required for continuing students)

Continuing Student? Yes No

Details of evidence sighted

Personal details checked / /

Registration details entered / /

Note: For Trainee/Apprentice Registrations use PURPLE form

The following information is collected for the purposes of National Reporting and Planning

ADDITIONAL INFORMATION

Are you of Aboriginal or Torres Strait Islander origin? No Yes – Aboriginal Yes – Torres Strait Islander
 (For persons of both Aboriginal AND Torres Strait Islander origin, mark both YES boxes)

In which country were you born? Australia Other please specify

Do you speak a language other than English at home? (tick one box) Yes No – English only
 Other please specify

How well do you speak English? (tick one box) Very well Well Not well Not at all
 Do you think you will need help with English? Yes No

Are you still attending secondary school? (tick one box) Yes No Year 12 Year 11 Year 10
 School Name

What is your highest COMPLETED school level? (tick one box only)
 Year 12 Year 11 Year 10 Year 9 Year 8 or lower Did not go to school

In which YEAR did you complete that school level?

In which Australian State did you complete that school level?

What is the name of the school at which you completed that school level?

Of the following categories, which BEST describes your current employment status? (tick one box only)

- Full-time employee
- Part-time employee
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in the family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

Do you consider yourself to have a disability, impairment or long-term condition? Yes No
 If YES, you may tick more than one area

- Hearing/Deaf Acquired Brain Impairment
- Physical Vision
- Intellectual Medical Condition
- Learning Other
- Mental Illness

Do you require special assistance because of your disability? (tick one box) Yes No

Have you SUCCESSFULLY completed any of the following qualifications? (tick one box) Yes No
 If YES, then tick ANY applicable boxes

- Bachelor Degree or Higher Degree
- Advanced Diploma of Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificate other than above

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (tick ONE box only)

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest of self development
- Other reasons

What is the postcode of the suburb or town in which you usually live?

PLEASE READ CAREFULLY BEFORE SIGNING.

I declare that to the best of my knowledge the information supplied above is correct and complete. I have received my invoice, class schedule and Student Information Book. I agree to abide by the rules and regulations documented.
I UNDERSTAND THAT I AM LIABLE FOR FEES UNLESS I WITHDRAW IN WRITING BEFORE THE DUE DATE. I also understand that unpaid fees will attract a late fee and will be followed up through a debt collection agency if they remain unpaid.

Signed Date

CIT SOLUTIONS AND DISTANT LEARNING STUDENTS ONLY

I declare that to the best of my knowledge the information supplied above is correct and complete. I have received a copy of the Student Information Book and I agree to abide by the rules and regulations documented. I also understand that unpaid fees will be followed up through a debt collection agency if they remain unpaid.
 If applicable, I authorise CIT to release details of my academic progress and attendance in this program to my employer/sponsor.

Employer/Sponsor Contact Details Signed Date

CROSS OUT SIGNATURE BLOCK NOT APPLICABLE

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OFFICE USE ONLY AVETMISS Data entered by

SIGN HERE

SIGN HERE