

# Enrolment Application Form – National Student

Please complete this enrolment application form using BLOCK LETTERS in your own handwriting using a black pen. If this document is to be scanned or faxed please ensure that the quality is set to the highest setting. Applications that are not legible will be returned back to you and asked to be resubmitted.

## Applicant Information

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other:		Given/Christian name:	
Surname/Family name:		Preferred name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Age:	
Phone:	Mobile:	Fax:	
Email:			

Do you have a profile on a social media site such as Facebook, RenRen or Orkut? Please enter the web address or URL here:

Do you have an address or an instant messaging service such as Windows Live Messenger, Yahoo Messenger, Skype or QQ? Please enter your details here:

Contact residential address:

Suburb:	State:	Postcode:
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Postal Address (if no different write 'as above'):

Suburb:	State:	Postcode:
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## Emergency Contact

Full Name:		Relationship:	
Mobile:	Work number:	Home number:	
Address:			
Suburb:	State:	Postcode:	

## Qualification and Course Type – you are enrolling in:

- Certificate II in Hairdressing WRH20109 -  VET for schools  Prevoc  School based Apprentice
- Certificate III in Hairdressing WRH30109 -  Full-time  Part-time  Apprentice  School based Apprentice
- Certificate IV in Hairdressing WRH40109 -  Full-time  Part-time
- Diploma of Hairdressing Salon Mgmt. WRH50109 -  Full-time  Part-time
- Certificate II in Makeup Services WRB20204 -  VET for schools  Full-time  Part-time
- Short course name (partial qualification-units of competence): \_\_\_\_\_

When do you wish to commence your studies:

- January  February  March  April  May  June  
 July  August  September  October  November  December

Are you an Apprentice?  Yes  No. If 'Yes', Name of salon: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Salon address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Are you doing VET for Schools?  Yes  No. If 'Yes', Name of school: \_\_\_\_\_

Name of VET Coordinator: \_\_\_\_\_ Salon address: \_\_\_\_\_

VET Coordinator phone: \_\_\_\_\_ VET Coordinator email: \_\_\_\_\_

**Education History (Attach results of past education relevant to this application)**

Are you still attending school?  Yes  No. If 'Yes', Name of school: \_\_\_\_\_

What is your highest completed school level? \_\_\_\_\_ In which year did you complete that school level? \_\_\_\_\_

**Please attach a copy of your result record (if record is less than five years old)**

Are you currently enrolled in another institution?  Yes  No. If 'Yes',  
 Name of institution: \_\_\_\_\_ Year enrolled: \_\_\_\_\_

What is your highest post school qualification studied? e.g. Name of Certificate: \_\_\_\_\_  
 Name of institution attended: \_\_\_\_\_ Year enrolled: \_\_\_\_\_

Did you complete this qualification  Yes  No. If 'Yes', **please attach a copy of your result record.**

Was the course delivered in English:  Yes  No. If 'No', what was the delivery language? \_\_\_\_\_

**Employment History and Status**

Are you in receipt of either Youth Allowance or Unemployment Benefits?  Yes  No

If yes, who is your Job Network member/Network name? \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Not employed – not seeking employment

**Cultural Diversity**

Are you of Aboriginal or Torres Strait Islander origin  Yes, Aboriginal  Yes, Torres Strait Islander  No

Were you born in Australia?  Yes  No. If no, please specify?

Start Date	Period of Employment (Years/Months)	Employer Name	Title	Duties

**RPL, Credit Transfer or National Recognition Information**

Do you believe you don't need to study because you have already studied them as part of a previous qualification and you wish to be assessed for Recognition of Prior Learning, Credit Transfer or National Recognition?  Yes  No If 'Yes', **please provide RPL/Credit details and attach evidence of this:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Questions And Request For Learning Support

Is there anything that may affect your learning, for example have you suffered from, been diagnosed with or sought medical advice or treatment for impairments to your:

- |                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Reading  | <input type="checkbox"/> Writing                   |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Eyesight | <input type="checkbox"/> Ear or hearing conditions |

or **medical conditions** such as difficulty with:

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Breathing                    | <input type="checkbox"/> Mobility        | <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Infectious diseases          | <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Chronic fatigue/Fibromyalgia | <input type="checkbox"/> Mental illness  | <input type="checkbox"/> Acquired brain impairment |                                    |

Physical disability please specify: \_\_\_\_\_

Other medical condition, please specify: \_\_\_\_\_

If 'Yes', to any condition, please give details of the specific condition disclosed including any treatment received and what learning support would assist you: \_\_\_\_\_

Please list your hobbies and interests: \_\_\_\_\_

## Referees

Please provide the name, phone number and email address of two (2) referees.

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Marketing Information

- |  |   |                                       |                                 |
|--|---|---------------------------------------|---------------------------------|
| How did you find out about Clip Joint Education? | <input type="checkbox"/> Website          | <input type="checkbox"/> TV           | <input type="checkbox"/> Radio  |
| <input type="checkbox"/> Print Advertising       | <input type="checkbox"/> Building Signage | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> School |
| <input type="checkbox"/> Salon                   | <input type="checkbox"/> Expo             | <input type="checkbox"/> Reputation   | <input type="checkbox"/> Friend |

Other (please specify): \_\_\_\_\_

Would you like to receive information about CJE's courses and events?  Yes  No

## Qualification Fees and Payment Details

**Application fee;** Fee information will be provided to you as part of this application process. When you submit your application you will need to pay an application fee of **AUS\$200**. Prompt payment to the Manager of Recruitment of the application fee of AUS\$200, will make you eligible for consideration of a place.

**The application fee is not applicable for Apprentices.** The application fee is refundable if CJE is unable to provide in full the qualification offered at the time on or after the agreed starting date. When your application is accepted by CJE you will receive a **letter of offer**.

**Late registration** will be considered subject to place availability, and prompt payment to the Manager of Recruitment of the application fee of AUS\$200, the initial payment paid in advance.

**Deposit:** You will be invited to complete an enrolment agreement confirming course fees and material/equipment fees where applicable, all detailed in your enrolment agreement. This needs to be paid no later than thirty (30) days before course commencement date.

**Payment details:** To secure your place at CJE (subject to CJE's acceptance of enrolment) this enrolment application must be completed, agreement signed and the fee payments received by CJE at least thirty (30) calendar days prior to the qualification commencement day.

Payment of the application fee and all other fees may be made by cash, cheque, money order, or by Visa card or Master card (not by Amex card) over the phone or at our counter. The balance of the total qualification fees can either be paid in full or by direct debit arrangement.

Cheques should be made payable to **Clip Joint School of Hairdressing Pty Ltd** and crossed "Not Negotiable". Please ensure your cheque is accompanied with relevant application details.

CJE reserves the right to withdraw any participant from their studies if payment has not been received in accordance with our payment terms and agreement.

**Student Declaration (Parent/legal guardian if under 18 years of age)**

*I declare that I have read and understood:*

1. I have personally completed the information required in this application and any supporting information is complete, up to date and true.
2. The application and my declaration. To proceed with this application process I will complete an enrolment agreement and receive a CJE Code of Practice, refund policy and be informed of my rights and obligations. This information is also found on the Clip Joint website [www.clipjoint.com.au/education](http://www.clipjoint.com.au/education)
3. That the information provided by me, my parent(s)/legal guardian(s) and/or my employer (if applicable), my school VET Coordinator (if applicable) to CJE may be shared between CJE and the Australian government and designated authorities and, if relevant, the Tuition Assurance Scheme. Records may otherwise be disclosed without consent where authorised or required by law.
4. If any of my fees are paid by my parent(s)/legal guardian(s), I grant CJE permission to provide my parent(s)/legal guardian(s)/(employer for Apprentices only) with any information relating to any CJE policy breaches, ongoing academic progress, results, attendance and fee arrears.
5. For Apprentices only, I grant CJE permission to provide my employer with any information relating to any CJE policy breaches, ongoing academic progress, results, attendance and fee arrears.
6. The provision of misleading, or false, or incorrect and/or incomplete information or documentation relating to my application may result in the cancellation of my enrolment.
7. I will notify CJE of any change to my address, contact details and any changes to fee payment arrangements to ensure fees are paid up to date while enrolled in study.
8. The issuance of a qualification parchment or statement of attainment parchment or Academic Transcript is subject to my fees being paid up to date.
9. This application agreement does not remove my right to take further action under Australia's consumer protection laws.

Name of applicant:	Signature of applicant:	Date:
Name of parent 1/legal guardian 1, if the student is under 18 years of age:	Signature of parent 1/legal guardian 1:	Date:
Name of parent 2/legal guardian 2, if the student is under 18 years of age:	Signature of parent 2/legal guardian 2:	Date:

**Please forward the completed application form and the application fee of AUS\$200 to:**

**Manager of Recruitment**

Clip Joint Academy of Hairdressing PL ta Clip Joint Education  
PO Box 3443  
Rundle Mall SA 5000 Australia

**Email:** academy@clipjoint.com.au

**Address:** 86 Gawler Place, Adelaide SA 5000 Australia

**Fax:** +61 8 8232 6770 **Phone:** +61 8 8223 5600

