**1. PERSONAL DETAILS**

Title Surname Given Name – First Given Name - Others

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| --- | --- | --- | --- |
|  |  |  |  |

Date of Birth Gender TFN CHESSN\* (if known)

|  |  |  |  |
| --- | --- | --- | --- |
|  / /  |  M / F / X |  |  |

\*Commonwealth Higher Education Student Support Number

Permanent Home Address

|  |
| --- |
|  |
| Suburb: | State: | Post Code: |

Postal Address (if different to above)

|  |
| --- |
|  |
|  |
| Suburb: | State: | Post Code: |

Address while studying (if same as permanent home address write ‘as above’)

|  |
| --- |
|  |
| Suburb: | State: | Post Code: |

Mobile Telephone Number Home Business

|  |  |  |
| --- | --- | --- |
|  | ( ) | ( ) |

Email Address Best contact method

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**2. TOTAL COURSE FEES - Please tick below which course you wish to study**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Diploma of Beauty Therapy Course Aesthetics DiplomaBody MassageWaxing CourseFacial Treatments CourseOther. Please name………………………………………………………………. | **For prices for all our courses contact College** |  |

**Hyde Park College of Skin and Body Therapy. Bank account details for electronic Banking:**

**Bank SA**

**BSB: 105-011**

**Account number: 098278240**

**Please Note:**

* *The fees are subject to change without prior notice*
* *Textbooks, kits and uniforms are at an additional cost to course fees*

**3. ETHNICITY**

Were you born in Australia?

□ Yes Which Suburb? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No In which country were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_

□ No In which city were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Arrival in Australia \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

□ No

□ Aboriginal

□ Torres Strait Islander

□ Both Aboriginal and Torres Strait Islander

**4. CITIZENSHIP / RESIDENCE DETAILS**

□ Australian Citizen

□ New Zealand Citizen

□ Permanent Resident Visa

□ Temporary Resident Visa

□ Permanent Humanitarian Visa

□ Student Visa

□ Visitor’s Visa

□ Business Visa

□ Holiday Visa

□ Other Visa

□ Holiday Visa

□ Overseas - No Visa or Citizenship

 *(Please attach a certified copy of your passport, birth certificate, citizenship certificate or visa as applicable)*

**5. LANGUAGE**

What language is spoken at your permanent home address? How well do you speak English?

□ English □ Very well

□ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Well

□ Not well

□ Not at all

**6. DISABILITY**

Do you have a disability, impairment or long term medical condition, which may affect your studies? □Yes □No

□ Hearing □Vision □Learning □Medical □Mobility. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a disability, would you like to receive advice on support services, equipment and facilities, which may assist you?

□Yes □No

**7. EDUCATION**

Are you currently attending high school? □ No □ Yes If yes, what year are you in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your highest completed secondary school level?

□ Completed Year 12 Suburb of residence whilst studying year 12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Completed Year 11

□ Completed Year 10

□ Year 9 or equivalent

□ Year 8 or below

□ Never attended school

**Have you undertaken any post-secondary (after high school) study?**

□ Bachelor Degree or Higher Degree level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Advanced Diploma or Associate Degree level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Diploma level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Certificate IV level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Certificate III level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Certificate II level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Certificate I level?

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other course or certificate/qualification?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you successfully complete it? □Yes □No Year of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. LABOUR FORCE STATUS WHILST STUDYING 9. REASON FOR STUDY**

 (Please choose one option) (Please choose one option)

□ Full Time □ To get a job

□ Part Time □ To develop my own business

□ Self-Employed – not employing others □ To start my own business

□ Employer □ To try for a different career

□ Employed as unpaid worker in family business □ To get a better job or promotion

□ Unemployed seeking full time employment □ It is a requirement of my job

□ Unemployed seeking part time employment □ I wanted extra skills for my job

□ Not employed, not seeking employment □ To get into another course of study

□ Personal interest or self-development

□ Other reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. PREFERRED PAYMENT OPTION**

□ Payment every four months in advance/ monthly payments in advance /fortnightly in advance /weekly in advance to Hyde3 Park College.

Contact: [www.studyloans.com.au](http://www.studyloans.com.au) for further information about your possible loan options with them.

**11. ENROLMENT STATUS** in advance

□ **ON CAMPUS ADELAIDE**

□ **Full-time** (minimum of 24 hours of study per week includes off official campus studies)

□ **Part-time** (minimum of 6 hours of study per week)

**12. COMMENCEMENT DATES - When do you wish to commence your studies?**

 Preferred month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. RECOGNITION OF PRIOR LEARNING**

Do you want to be assessed for Recognition of Prior Learning and/or Credit Transfer? □Yes □No

*NB: Application for RPL must be made prior to course commencement.*

**14. WHERE DID YOU FIRST HEAR ABOUT HYDE PARK COLLEGE OF SKIN AND BODY THERAPY COURSES?**

□ Google search \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Industry Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Past/Current Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Email Advertisement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Expo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Education Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Radio Station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Magazine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. DO YOU NEED FURTHER INFORMATION or ASSISTANCE?**

Either: 🕿 X or 🖰

**Privacy Statement**

The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with the Australasian Academy of Cosmetic Dermal Science’s Privacy and Personal Information Procedures. The Academy reserves the right to verify any of the details you have provided on this form in order to assess your application.

Some information requested on this form is collected to comply with the reporting requirements of the Higher Education Support Act 2003 and will be disclosed to the Commonwealth Department of Education as well as other information regarding your studies with the Institute. If you access Commonwealth Assistance while enrolled with the Institute, information about you and the study you undertake will be provided to the Australian Taxation Office.

|  |
| --- |
| I hereby declare that the information supplied on this form is correct and complete to the best of my knowledge. I understand that information about me and the study I undertake may be disclosed as described in the Privacy Statement or otherwise as required by law.Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_Authorised Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ |

Please email or post your application to:

Hyde Park College of Skin and Body Therapy:

PO Box 7162 Hutt Street ADELAIDE SA 5000

Email: info@hydeparkbeauty.com.au

Hyde Park College of Skin and Body Therapy will contact you for your Pre-Enrolment Interview once your application has been reviewed