

# APPLICATION FOR ENROLMENT FORM

(AUSTRALIAN DOMESTIC STUDENTS ONLY)



## 1. PERSONAL DETAILS

Title	Surname	Given Name – First	Given Name - Others

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
	Mobile / Home / Business

## 2. TOTAL COURSE FEES - Please tick which course you wish to study

<input type="checkbox"/>	Diploma of Beauty Therapy SHB50115	<b>\$16,250</b>	
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**Please Note:**

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

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## 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?

- English  
 Other (please specify) \_\_\_\_\_

How well do you speak English?

- Very well  
 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

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- 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

(Please choose one option)

- Full Time
- Part Time
- Self-Employed – not employing others
- Employer
- Employed as unpaid worker in family business
- Unemployed seeking full time employment
- Unemployed seeking part time employment
- Not employed, not seeking employment

## 9. REASON FOR STUDY

(Please choose one option)

- To get a job
- To develop my own business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It is a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- Personal interest or self-development
  
- Other reason \_\_\_\_\_

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## 10. PREFERRED PAYMENT OPTION

Payment every four months in advance/ monthly payments in advance /fortnightly in advance /weekly in advance

## 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 12 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?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Google search _____        | <input type="checkbox"/> Industry Association _____ | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Past/Current Student _____ | <input type="checkbox"/> Email Advertisement _____  | <input type="checkbox"/> Expo _____      |
| <input type="checkbox"/> Education Agent _____      | <input type="checkbox"/> Radio Station _____        | <input type="checkbox"/> 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](mailto: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