**Enrolment Form**

**Enrolment Form**

窗体顶端

Fields marked with an \* are required

Qualification/ Course Title

Campus \*

Choose an item.

Student ID \*

Qualification \*

Choose an item.

Proposed Start Date (as per COE) \*



Personal Details

Title \*



First Name \*



Middle Name



Last Name (if you don't have one, type N/A) \*



USI \*



Date of Birth \*



Place of Birth

Gender \*



Contact Details

Mobile Number \*

Phone

Email \*

Address

Number/ Unit \*



Street \*



City \*



State \*



Post Code \*

Country \*                                                                                   

Emergency Contact

Name \*



Phone \*

Relationship \*



Email \*

By submitting this form, you declare the following:

I declare that to the best of my knowledge the information supplied on this form is correct and complete.

I understand that I must provide correct proof of identity / name at enrolment, otherwise my enrolment is invalid. I acknowledge that Australian College of Applied Business will be communicating information to me electronically unless an alternative means of communication that is reasonable in specific circumstances has either been agreed or is required by law and that I should access the correspondence of my email I provided to Australian College of Applied Business on a regular basis. I consent to Australian College of Applied Business publishing, in any format or medium, by references to my student identification number, I also acknowledge and agree that it is my responsibility to keep my student identification number private and not disclose it to any other person except for authorized Australian College of Applied Business staff.

Please type your name to declare \*



Actual Start Date (Today's Date)



窗体底端