

SECTION A PERSONAL and CONTACT DETAILS

Family Name:		Given Names:		Title:
Semester Postal Address: (all correspondence will be sent to this address)				
Apartment/Street Number and Street:				
Suburb/Town:		State:	Postcode:	
Home phone number:		Mobile phone number:		
Email address:				
Emergency contact:		Relationship to contact:		Phone number:
Permanent Home Address: (Leave blank if as above. <u>International students</u> , please state your home country address)				
Apartment/Street Number and Street:				
Suburb/Town:		State:	Postcode:	
Country:		Home phone number:		

SECTION B PROGRAM DETAILS

Program code:	Unit code:	Study mode:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Requested enrolment date: (This is the date that you are ready to start your program and that your candidature will commence. For international students this should be the start date indicated on your COE)				

SECTION C STATISTICAL INFORMATION (for statistical and research purposes only)

Country of birth:		Year of arrival in Australia (if not born in Australia):	
Citizenship and residency (please tick one box only): <input type="checkbox"/> Australian Citizen (including dual citizenship) <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> None of the above and residing outside Australia <input type="checkbox"/> Temporary Entry Permit and residing in Australia during this enrolment <input type="checkbox"/> Australian Permanent Resident Visa (Other) <input type="checkbox"/> Australian Permanent Resident Visa(Humanitarian) Indicate your visa type and subclass if applicable – Type: Subclass:			
Are you an Aboriginal or Torres Strait Islander? (please tick one box only) <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> Torres Strait Islander origin <input type="checkbox"/> Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Aboriginal origin			
Language spoken at permanent home address:			
Please indicate your English language proficiency: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
Please note that the Australian Government Department of Education and Training require this information for statistical purposes. It will not disadvantage your enrolment.			
Parent/Guardian 1: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Parent/Guardian What is the highest level of education attained by your Parent/Guardian 1? <input type="checkbox"/> Postgraduate Qualification <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other Post-School Qualification <input type="checkbox"/> Completed Year 12 Schooling or Equivalent <input type="checkbox"/> Didn't Complete Year 12 Schooling or Equivalent <input type="checkbox"/> Completed Year 10 Schooling or Equivalent <input type="checkbox"/> Didn't Complete Year 10 Schooling or Equivalent <input type="checkbox"/> Don't know		Parent/Guardian 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Parent/Guardian What is the highest level of education attained by your Parent/Guardian 2? <input type="checkbox"/> Postgraduate Qualification <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other Post-School Qualification <input type="checkbox"/> Completed Year 12 Schooling or Equivalent <input type="checkbox"/> Didn't Complete Year 12 Schooling or Equivalent <input type="checkbox"/> Completed Year 10 Schooling or Equivalent <input type="checkbox"/> Didn't Complete Year 10 Schooling or Equivalent <input type="checkbox"/> Don't know	
Do you have a disability, impairment or long term medical condition which may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that this declaration will not disadvantage your enrolment, but is required for statistical and planning purposes, and so that we can provide you with information regarding disability support services). If yes, please indicate the nature of your disability: <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Learning <input type="checkbox"/> Medical <input type="checkbox"/> Other If yes, would you like to receive advice or support services, equipment and facilities which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please contact Disability Support Services on (03) 9214 8500)			

SECTION D STUDENT ENROLMENT DECLARATION

I declare to the best of my knowledge that the information entered is true, correct and complete. I agree to be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of the University, including any variations to these that the University makes from time to time. I understand that: Swinburne University of Technology is required under the Higher Education Support Act 2003 to confirm my entitlement to Commonwealth assistance before my enrolment can be confirmed. My personal information will be collected and used for the purposes set out in accordance with the Swinburne University of Technology Privacy Collection Notice - available to be viewed on the University's website. I understand that the University will correspond with me by electronic means. By submitting the enrolment, I am liable for all related fees and costs unless I formally withdraw in writing before the associated census date. I have read and understood the conditions above and agree to abide by them while a student enrolled in a Swinburne University of Technology unit, course or program.

Student Signature: _____ Date: / / (DD/MM/YYYY)

OFFICE USE ONLY – ENROLMENT CHECKLIST

<input type="checkbox"/> Conditions of offer met, if any?	<input type="checkbox"/> Confirmation of enrolment sent?	Disability support? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Documentation cited and copied, if required? (ID, Visa, CoE, transcripts)	<input type="checkbox"/> RM updated?	Enrolment Finalised:
<input type="checkbox"/> Enrolment processed in S1 including RTPFO added in Student Reward?	<input type="checkbox"/> P15 and P6 (if required) submitted for processing?	Initial: Date: