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| Swinburne Research  **Enrolment Form – 2020** | | | | | | | | | | | **Student ID:** | | |
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| **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. **International students**, 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:** ☐ Full-time ☐ 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):  ☐ Australian Citizen (including dual citizenship) ☐ New Zealand Citizen ☐ None of the above and residing outside Australia  ☐ Temporary Entry Permit and residing in Australia during this enrolment ☐ Australian Permanent Resident Visa (Other) ☐ 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)  ☐ Neither Aboriginal or Torres Strait Islander ☐ Torres Strait Islander origin ☐ Aboriginal and Torres Strait Islander origin ☐ Aboriginal origin | | | | | | | | | | | | | |
| **Language spoken at permanent home address:** | | | | | | | | | | | | | |
| **Please indicate your English language proficiency:**  ☐ Very well ☐ Well ☐ Not well ☐ 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:** ☐ Male ☐ Female ☐No Parent/Guardian  **What is the highest level of education attained by your Parent/Guardian 1?**  ☐ Postgraduate Qualification  ☐ Bachelor Degree  ☐ Other Post-School Qualification  ☐ Completed Year 12 Schooling or Equivalent ☐ Didn’t Complete Year 12 Schooling or Equivalent  ☐ Completed Year 10 Schooling or Equivalent  ☐ Didn’t Complete Year 10 Schooling or Equivalent  ☐ Don’t know | | | | | | **Parent/Guardian 2:** ☐ Male ☐ Female ☐No Parent/Guardian  **What is the highest level of education attained by your Parent/Guardian 2?**  ☐ Postgraduate Qualification  ☐ Bachelor Degree  ☐ Other Post-School Qualification  ☐ Completed Year 12 Schooling or Equivalent ☐ Didn’t Complete Year 12 Schooling or Equivalent  ☐ Completed Year 10 Schooling or Equivalent  ☐ Didn’t Complete Year 10 Schooling or Equivalent  ☐ Don’t know | | | | | | | |
| **Do you have a disability, impairment or long term medical condition which may affect your studies?** ☐ Yes ☐ 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:** ☐ Hearing ☐ Mobility ☐ Visual ☐ Learning ☐ Medical ☐ Other  **If yes, would you like to receive advice or support services, equipment and facilities which may assist you?** ☐ Yes ☐ 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** | | | | | | | | | | | | | |
| ☐ Conditions of offer met, if any?  ☐ Documentation cited and copied, if required? (ID, Visa, CoE, transcripts)  ☐ Enrolment processed in S1 including RTPFO added in Student Reward? | | | | ☐ Confirmation of enrolment sent?  ☐ RM updated?  ☐ P15 and P6 (if required) submitted for processing? | | | | | | | | Disability support? ☐Yes ☐No  **Enrolment Finalised:**  **Initial: Date:** | |