

ENROLMENT FORM (International Students)

Course Details			
Subject Area	<input type="checkbox"/> Diploma of Hospitality Management		
Course Level	<input type="checkbox"/> Diploma of Business <input type="checkbox"/> Diploma of Hospitality Management <input type="checkbox"/> Advanced Diploma of Hospitality Management		
Intake	DATE _____	MONTH _____	YEAR _____
1. Personal Details			
Student ID & USI _____		Date of Birth _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Title Mr/Mrs/Ms First Name _____			
Family Name _____			
2. Emergency Contacts			
(In Canberra) Full Name _____		Relationship _____	
Address _____		Phone/Mobile No. _____	
(Family in Canberra) Full Name _____		Relationship _____	
Address _____		Phone/Mobile No. _____	
3. Country of Home Residence		4. Mailing Address for Correspondence In Australia	
Country _____		Student Name _____	
Contact Person _____		Street No. & Name _____	
Address _____		City / Suburb _____	
City _____ State _____		State _____ Post Code _____	
Country _____ Post Code _____		Mobile No. _____	
Phone No. _____		Home Phone No. _____	
Email _____		Email _____	
5. Term Residence		6. Background Information	
Please indicate your residence during term (Select One)			
At home		Away from home	
<input type="checkbox"/> With parents		<input type="checkbox"/> With relatives	
<input type="checkbox"/> With relative / guardian		<input type="checkbox"/> In a hostel / hotel	
<input type="checkbox"/> Own home / flat		<input type="checkbox"/> Shared rented house or flat	
Do you speak a language other than English at home?			
Select One			
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes – Other (Please specify) _____			
Religion (optional) _____			
Are you from Indigenous background <input type="checkbox"/> No <input type="checkbox"/> Yes			
(Please specify) _____			
7. English Language Skills		8. Special Assistance	
English Skills	Additional Help Required	Additional Help Required	Disability, Impairment of long – term, condition
Select One	<input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, please select one)	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, please select)
<input type="checkbox"/> Very well	<input type="checkbox"/> Tutorials	<input type="checkbox"/> Yes (If YES, please select)	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision
<input type="checkbox"/> Well	<input type="checkbox"/> Computer assisted	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Physical impairment <input type="checkbox"/> Mental illness
<input type="checkbox"/> Not well	<input type="checkbox"/> Language Learning	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Medical condition <input type="checkbox"/> Learning
<input type="checkbox"/> Not at all	<input type="checkbox"/> Self-access materials in ESL (CD-ROMs, Text, etc...)	<input type="checkbox"/> Familiarisation with Australian Culture	<input type="checkbox"/> Other (briefly describe): _____
1.		<input type="checkbox"/> CV writing/ Interview Skills	
9. Highest Education Level Completed		10. Previous Qualifications Achieved	
<input type="checkbox"/> Completed Year 12 or equivalent		i) _____ Year of completion _____	
Year of Completion _____		ii) _____ Year of completion _____	
11. Employment Status			
<input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Employer <input type="checkbox"/> Self-employed <input type="checkbox"/> Part time employee			
12. Study Reason (Tick ONE box only.)			
<input type="checkbox"/> To get a job <input type="checkbox"/> To Start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion			
<input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self- development			

JPIC Privacy statement

JPIC is providing you with this notice because JPIC has sought personal information about you. JPIC needs this information so that it can fully and properly administer your enrolment in accordance with its policies and procedures. JPIC is required under law to collect and report enrolment details, if required, to state and federal government agencies that include the federal Department of Immigration and Border Protection (DIBP) and the Australian Taxation Office.

The information requested on this enrolment form must be supplied. Please note that failure to do so, or to supply only part of it, may result in JPIC not being able to properly administer your enrolment, and you may not receive information and correspondence important to your studies. Supply of incomplete, misleading, or false information may result in the cancellation of your enrolment.

You have the right to request access to and/or correct any personal information concerning you held by JPIC. Please see the JPIC office regarding the procedure to access your student file. Routine corrections, changes and enquiries regarding your enrolment should be submitted in writing to the Director, JPIC at the following address:

ADDRESS: JPIC, P.O Box 400, MAWSON ACT 2607

This information is being collected and will be held by the Director, JPIC.

Student Declaration

I declare that the information provided by me on the enrolment is true and correct. I accept responsibility for maintaining up-to-date personal and program details. I understand that to knowingly provide incorrect or false information may result in the cancellation of my enrolment. I agree to abide by the published statutes, regulations and policies of JPIC, available on www.jpic.act.edu.au I authorise JPIC to obtain details of my past results from other educational Institutions and professional bodies. I authorise JPIC to release my details of attendance and other records to relevant authorities such as DIBP, State or Territory Registering bodies, Legal bodies, etc.

Student Signature

Date:

Date

DD / MM / YYYY

Permission To Use Photographs/Other Course Work For Promotional Literature Purposes

Education Access Australia often requires the use of photographs or video coverage of students and their coursework as well as of student life at JPIC, for marketing purposes such as in brochures, banners and posters, JPIC's website, promotional videos for display on DVD and as television advertising, etc.

I....., hereby give my consent to JPIC to use my photograph/s or other work, for promotional purposes in media such as website, advertisements, video, television, CD-ROMs, etc.

Signed..... Date

Consent to Participate in Surveys and Permission to Contact Employers

From time to time JPIC conducts surveys to collect feedback and information to improve the quality of training/assessments to student services. This may also include contacting your employers (under NVR Std. 1 for continuous improvement and NVR Quality Indicator No. 2) to collect input/advice about the industry's training needs, how we can improve our own training as well as the usefulness/relevance of the skills of our students to their employers/jobs. By signing below you will consent to participate in surveys and allows JPIC to contact your employer for the purposes mentioned above.

Signed..... Date