## **SHORT COURSE ENROLMENT FORM**



SECTION 1 – STUDENT PERSO	MAL DETAILS (AS STATED-ON	DASSDORT)						
	MAL DETAILS (AS STATED ON	·		_			10055	FIED
FAMILY NAME:		GENDER:	□ MAI	_	FEMALE	<del>-</del>	ISPECI	FIED
GIVEN NAME(S):		DATE OF BIRTH:		D /	M	M /	Υ	_ Y
COUNTRY OF BIRTH:		CURRENT STUDENT AT (	Qii 🗆	YES (S	tudent ID:		)	□ NO
PASSPORT NUMBER:		LANGUAGE SPOKEN:						
UNIQUE STUDENT IDENTIFIER (USI)* *From 1 January 2015, all students enrolling in nationa:  Apply for your USI at <a href="www.usi.gov.au">www.usi.gov.au</a> Request/give permission to Qii to app	ally recognised training need to have a Unique Stude and provide the number in the above f		ave a USI you	ı must ch	oose one of	the follow	ing optic	ons:
SECTION 2 – STUDENT CONTA	ACT DETAILS							
ADDRESS								
NUMBER AND STREET NAME:								
SUBURB:		STATE:		P	OSTCODE:			
CONTACT DETAILS								
PHONE:		MOBILE:						
EMAIL:								
EMERGENCY CONTACT								
FULL NAME:								
RELATIONSHIP:		MOBILE NUMBER:						
SECTION 3 — CHOOSE YOUR C  ☐ Barista Course (includes SITXFSA001 and SITHFAB005)  START DATE:	)		002 Provide Res	sponsible S	ervice of Alcoh	nol)		
SECTION 4 – LANGUAGE, CUL	TURAL DIVERSITY AND SPEC	CIAL NEEDS						
IN WHICH COUNTRY WERE YOU BO								
	ecify your country of birth):							
ARE YOU OF AUSTRALIAN ABORIGIT								
	☐ YES: Torres Strait Islander ☐ Y	ES: both Aboriginal and T	orres Stra	nt Islar	ider			
S ENGLISH YOUR FIRST LANGUAGE  Yes □ No: Please specify your high	<b>?</b> ghest qualification completed in English							
DO YOU REQUIRE ANY SPECIAL ASSISTA								
□ No □ Yes (please specify):		WITH QIIF						
SECTION 5 – TERMS AND COM	NDITIONS							
1. Qii reserves the right to cancel classes at any time pri scheduled commencement date. 2. We require a current mobile and email address to cor 3. NO REFUNDS or transfers will be granted on or after c4. If you wish to cancel your place in a class you must prospective to the control of the	mmunicate details retails relating to your application commencement date of a course. ovide us with written notification. ication of your cancellation is received five days or macation of your cancellation is received within five but	ore prior to the class commencen	nent a full re ncement date	fund will	apply.	or to its		
STUDENT FULL NAME (PLEASE PRINT)			DATE					
STUDENT SIGNATURE <sup>†</sup>								
† If the student is below 18 years of age, this agreement	L must be signed by the student's Parent or Legal Gu	_] ardian.						