

ENROLMENT ENQUIRY FORM

(NSW SMART AND SKILLED FUNDED TRAINING)

Please complete ALL sections in BLOCK Letters.

A. Your personal details

Family Name: _____		Given Name (s): _____	
Date of Birth: (dd/mm/yyyy) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone: _____	
Email Address: _____			

Residential Address

Street Address: _____		
Suburb: _____	State: _____	Postcode: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes ☐/No ☐

Were you born in Australia? Yes ☐/No ☐

Do you speak a language other than English at home? Yes ☐/No ☐

Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐/No ☐

If 'Yes', please specify: _____

Are you an Australian Citizen? Yes ☐/No ☐

Are you a Permanent Resident or New Zealand citizen? Yes ☐/No ☐

Are you over 15 or older? Yes ☐/No ☐

Are you still at school? Yes ☐/No ☐

Do you live or work in NSW? Yes ☐/No ☐

Are you receiving any government assistance from Centrelink? Yes ☐/No ☐

If yes, what type of assistance _____

B. Your Course of Study

Have you previously completed a similar qualification? Yes ☐/No ☐

Please choose the course/s you are applying for to study at Pacific College of Technology.

Courses Offered			Exp Commencement date
<input type="checkbox"/> ICT60215	<input type="checkbox"/> ICT50415	<input type="checkbox"/> ICT40415	
<input type="checkbox"/> FNS60215	<input type="checkbox"/> FNS50215	<input type="checkbox"/> FNS40615	
<input type="checkbox"/> BSB61015	<input type="checkbox"/> BSB50415	<input type="checkbox"/> BSB40515	

What is your previous qualification? _____

C. Your credit transfer and recognition of prior learning

Have you been or are you currently employed in the area covered by the course applied for?

Yes ☐/No ☐

If you've answered "Yes", you may be eligible for a Credit Transfer or Recognition of Prior Learning. Please contact Pacific College for further details.

Do you have a **USI (Unique Student Identifier)**: _____?

If not, do you authorise **PCT** to create it on your behalf? Yes ☐ No ☐.

Declaration

- ☐ I understand that Pacific College of Technology may refuse, vary, reverse or terminate my enrolment on the basis of untrue, misleading or incomplete information.
- ☐ I declare that all information provided in this application is complete and correct. I understand that failure to provide correct information or documentation in relation to this application may result in cancellation of my enrolment.
- ☐ I am aware of the Pacific College of Technology's refund policy and procedure.
- ☐ Pacific College of Technology is collecting the information in this form for the purpose of assessing student eligibility for the NW Smart and Skilled program.
- ☐ Pacific College of Technology students' personal information will be collected by fair and lawful means which is necessary for the purpose of enrolment and function of Pacific College of Technology and is committed to ensuring the confidentiality and security of the information provided. This policy is issued in accordance with the Privacy Act (2000).
- ☐ I consent to all terms and conditions of SMART and SKILLED contract guidelines.

**Note: This application and declaration must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application.*

Signature of Applicant: _____ Date (dd/mm/yyyy): _____

Entry requirements:

☐ **To enrol into Pacific College of Technology courses, prospective students need to show that they meet the entry criteria such as age and LLN level.**

- ☐ Photo ID (Passport or Driving Licence) ☐ Evidence of previous qualification
- ☐ Evidence of PR or Citizenship

Admin Staff Name: _____ Signature: _____

Staff Comments:

Processed by (PCT staff only):

PCT SID: _____ Staff Name: _____ Signature: _____ Date: _____