

Course Enrolment Form

PLEASE PRINT CLEARLY

| | | | |
|---|---|--|--|
| Course Name: | | Student ID No: (Office Use Only) | |
| USI No: | From January 01, 2015 everyone who is studying nationally recognised training in Australia must have a Unique Student Identifier (USI). This USI links to an online account that contains all of your training records and results that you complete from January 01, 2015 onwards. You can apply for your USI at https://www.usi.gov.au/students . | | |
| <input type="checkbox"/> I do not have a USI. I give permission to SMIT to apply for a USI on my behalf (utilising my photo ID, eg Driver's Licence). | | | |
| Surname: | | First Name: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: / / (dd / mm / yy) | | |
| Residential Address: | | | |
| Suburb | Postcode | State | |
| Postal Address: | | | |
| | Postcode | State | |
| Phone (Home): | Phone (Work): | Fax: | |
| Mobile Phone: | E-Mail: | | |
| Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email | | | |
| Who will be responsible for paying your course fees? <input type="checkbox"/> <i>Myself</i> <input type="checkbox"/> <i>Employer</i> <input type="checkbox"/> <i>Other</i> _____ | | | |
| INVOICING: If your employer is paying, you must provide an authorised Purchase Order from them prior to commencement of the course. | | | |
| Company Name: | | Contact Name: | |
| Contact Email Address: | | Tel: | |
| <ul style="list-style-type: none"> • Have you been previously enrolled in this institution? Yes <input type="checkbox"/> No <input type="checkbox"/> • Your application is not valid and will not be processed if this form is not completed in full and/or if all required documentation is not attached. • If you do not consent to providing your personal information, including your photographic image, you will not be able to enrol with SMIT courses as your identity for the purposes of managing your enrolment, progression and related services cannot be verified. • On receipt of this completed enrolment form, your enrolment will be confirmed by phone or email. | | | |

OFFICE USE ONLY

COURSE and PAYMENT DETAILS

| Course Name | Fee | Amount Paid | Payment Details | Date Paid | Initials |
|-------------|-----|-------------|-----------------|-----------|----------|
| | | | | | |
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| | | | | | |
| | | | | | |

LANGUAGE and CULTURAL DIVERSITY

• **In which country were you born?**

Australia Other (please specify)

• **In which town / city were you born?**

• **Do you have Australian Citizenship / Residence status?**

Yes No

• **Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal AND Torres Strait Islander origin, tick both YES boxes.)

NO YES, Aboriginal YES, Torres Strait Islander

• **Do you speak a language other than English at home?**

(If more than one language, indicate the one that is spoken most often.)

NO, English only YES, other, please specify.....

• **If YES, how well do you speak English?**

Very well Well Not well Not well at all

EMPLOYMENT

• **Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**

| | |
|---|--|
| <input type="checkbox"/> Full-time Employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time Employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-Employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer - employing others | <input type="checkbox"/> Not Employed – not seeking employment |

SCHOOLING

• **Australian School - if not, please specify country**

• **Are you still attending secondary school?**

YES NO

• **What is your highest COMPLETED school level? (Tick ONE box only)**

| | |
|--|--|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 11 |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Completed Year 9 |
| <input type="checkbox"/> Completed Year 8 or Below | |

• **In which YEAR did you complete that school level?**

.....

PREVIOUS QUALIFICATIONS ACHIEVED

• **Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick applicable boxes.**

YES NO

| | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Diploma Level | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Miscellaneous Education | <input type="checkbox"/> Certificate I |

DISABILITY

• Do you consider yourself to have a disability, impairment or long-term condition?

YES NO

• If YES, then please indicate the areas of disability, impairment or long-term condition

(You may indicate more than one area.)

| CONDITION | COMMENT (if necessary) | CONDITION | COMMENT (if necessary) |
|---|------------------------|--|------------------------|
| <input type="checkbox"/> Hearing/Deaf | | <input type="checkbox"/> Acquired Brain Impairment | |
| <input type="checkbox"/> Physical | | <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Intellectual | | <input type="checkbox"/> Medical Condition | |
| <input type="checkbox"/> Learning | | <input type="checkbox"/> Other (please specify) eg: Literacy & Numeracy | |
| <input type="checkbox"/> Mental Illness | | | |

STUDY REASON

• Of the following categories, which BEST describes your main reason for undertaking this course?
 (Tick ONE box only)

- | | | | |
|----------------------------------|-----------------------------|---|-----------------------------|
| To get a job | <input type="checkbox"/> 01 | It was a requirement of my job | <input type="checkbox"/> 06 |
| To develop my existing business | <input type="checkbox"/> 02 | I wanted extra skills for my job | <input type="checkbox"/> 07 |
| To start my own business | <input type="checkbox"/> 03 | To get into another course of study | <input type="checkbox"/> 08 |
| To try for a different career | <input type="checkbox"/> 04 | For personal interest or self-development | <input type="checkbox"/> 09 |
| To get a better job or promotion | <input type="checkbox"/> 05 | Other reasons | <input type="checkbox"/> 10 |

MEDICAL DECLARATION

• Some SMIT courses involve activities which require the student to be physically capable of understanding activities such as Life raft in a swimming pool, fire training etc. You need to inform us of any known condition. Please complete below by ticking the box

| | |
|---|--|
| During the last five years have you suffered any significant illness or been in hospital? | |
| Do you have diabetes, hypertension, heart disease, or are you pregnant? | |
| Are you aware of any condition that could incapacitate you or could require expert medical attention? | |
| Do you have any allergies or reactions to drugs that you know of? | |
| Are you taking any medication SMIT needs to know about? (eg heart medication) | |
| If you answered yes to any of the above, please give details | |

RECOGNITION OF PRIOR LEARNING/CREDIT TRANSFER

| | |
|---|--|
| Are you applying for Recognition of prior learning? | |
| Are you applying for Credit Transfer? | |
| Please provide certified documents | |

Course enrolment details

Please tick which course and dates you would like to enrol in

| Course | ✓ | Date of Course |
|--|---|----------------|
| Master <24 Metres MAR30913 Certificate III in Maritime Operations (Master up to 24 metres Near Coastal) | | |
| Coxswain Grade 1 MAR20313 Certificate II in Maritime Operations (Coxswain Grade 1 Near Coastal) | | |
| Coxswain Grade 2 MAR10413 Certificate 1 in Maritime Operations (Coxswain Grade 2 Near Coastal) | | |
| MED 2 - MAR30813 Certificate III in Maritime Operations (Marine Engine Driver Grade 2) | | |
| Marine Radio - Long Range Operator's Certificate of Proficiency (HF & VHF) MAR020 - Transmit and receive information by marine radio | | |
| Marine Radio - Short Range Operator's Certificate of Proficiency (VHF) MARC021 - Transmit and receive information by marine VHF radio | | |
| Survive at Sea (for Shipboard Safety Skill Set) | | |
| Other: | | |
| | | |

Certificate of Indemnity

This serves to certify that I
 Name of applicant (And name of parent or guardian if applicant under 18 years of age)

of address
 Address of applicant (Only address of parent or guardian if applicant under 18 years of age)

hereby indemnify and exonerate Messrs. Seafood and Maritime Industries Training Ltd., its officers & staff, partners, servants, agents and/or representatives against any damages, claims and/or liabilities whatsoever whilst undergoing training in any courses or programs, including any excursions or field trips during the courses/programs, that the afore mentioned person has enrolled in with Seafood and Maritime Industries Training Ltd.

Declaration of Understanding

- I declare that the information provided by me in this application is correct and complete.
- I authorise SMIT to obtain / verify results from any Educational institution / jurisdiction attended by me.
- I consent to SMIT assessing my progress and competencies in accordance to AQF & SNR standards, including collecting, storing & disclosing to proper authorities any information relating to my admission and studies at SMIT.
- I understand that SMIT reserves the right to vary or reverse any Offer of Admission made on the basis of incorrect or incomplete competencies or information
- I have no objection to any photographs being taken during training and of any of these photographs being published.
- I have read and understood the following elements in the Student Handbook, checklist and/or SMIT website:
 - Enrolment procedure
 - Pre-requisite requirements
 - Eligibility requirements
 - Assessment requirements
 - Feedback on your assessment(s)
 - Assessment appeal procedure
 - Course fees
 - Refund Policy
 - Mutual Recognition Policy (including RPL)
 - Privacy and confidentiality
 - Access and Equity Policy
 - Grievance Policy
 - Health and Safety
 - Discipline

I hereby declare that I have been provided with and understand all the relevant information and requirements, including the conditions of enrolment and the Certificate of Indemnity regarding the training course/s in which I have enrolled.

Signed:
 Signature of applicant (Or signature of parent or guardian if applicant under 18 year of age)

Date: