

Enrolment Form - Certificate III in Business

ABN: 28 316 834 043

BSB30107 - Certificate III in Business

A separate enrolment form is required for each participant.

Please invoice me or the following organisation

FOR BILLING PURPOSES <i>Please complete this section if you are not paying for this personally</i>	Organisation / School:		
	Contact Name:		
	Organisation phone no:		
	Mailing address:		
Name:			
Home Address: (Please indicate which address for certification)	City:	Post code:	
Please indicate	I am a Teacher <input type="checkbox"/>	I am a Teacher's Aide <input type="checkbox"/>	Other <input type="checkbox"/>
Telephone:		Mobile:	
Facsimile:		Email:	
Country of birth*:	Australia <input type="checkbox"/>	Other – please specify:	
Indigenous status*: <i>Please tick</i>	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	
	<input type="checkbox"/> Neither	<input type="checkbox"/> Both Aboriginal & Torres Strait Islander	
I am computer literate and have a basic knowledge of computer software	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you require any literacy/numeracy assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Qualifications completed*: <i>Please tick</i>	<input type="checkbox"/> Bachelor Degree or higher	Highest completed school level*: 9 / 10 / 11 / 12	
	<input type="checkbox"/> Advanced Diploma or Associate Diploma	In what year?	
	<input type="checkbox"/> Diploma (or Associate Diploma)	D.O.B.*	
	<input type="checkbox"/> Certificate IV		
	<input type="checkbox"/> Other		

** Information required for AVETMISS (National VET statistics only)

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

If yes please indicate against type in box:

- | | |
|---|--|
| 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 <input type="checkbox"/> |
| Mental Illness <input type="checkbox"/> | Please state: |

Please indicate where you heard of this course: