

# AUSTRALIAN MARITIME AND FISHERIES ACADEMY



## Course Enrolment Form

**Port Adelaide**  
 Dockside, North Parade,  
 PO Box 2099, Port Adelaide 5015  
 Phone (08) 8303 2780  
 Fax (08) 8303 2791

**Port Lincoln**  
 9 North Quay Boulevard  
 PO Box 2001, Port Lincoln 5606  
 Phone (08) 8683 4888  
 Fax (08) 8683 0897

AMFA email: info@afa.edu.au

AMFA website: www.afa.edu.au



<b>Do you have a WorkReady Number?</b>	RTO internal unique student ID	OFFICE USE ONLY
If yes, please provide the 9 digit number:	<input type="text"/>	
<input type="checkbox"/> If no or don't know check box	Unique Student Identifier (USI number)	
	<input type="text"/>	

### Title (Please Check One Box Only)

Mr       Ms       Mrs       Miss  
 Other

### Gender (Please Check One Box Only)

Male       Female

**Last Name** (Family name or Surname)

**First Name**

**Middle Name**

**Preferred Name**

**Date of birth** (DD/MM/YYYY)

### Contact Details

**Home**

**Work**

**Mobile\***

**Email\***

*\*To confirm your WorkReady Number you must provide either an email or mobile phone number.*

### Current Residential Address

**Building/Property Name**

**Flat/Unit Number**

**Street No.**

**Street Name**

**Suburb** (mandatory)

**Postcode** (mandatory)

### Postal address (leave blank if same as above)

PO Box or RSD Box

Suburb

State/Territory

Postcode

### Emergency Contact

**Name**

**Relationship**

**Address**

**Suburb**

**Postcode**

**Phone**

## Course Enrolment Information

1 Course Description	
Start Date	Finish Date
Course Location	Course Fee
	\$

2 Course Description	
Start Date	Finish Date
Course Location	Course Fee
	\$

3 Course Description	
Start Date	Finish Date
Course Location	Course Fee
	\$

4 Course Description	
Start Date	Finish Date
Course Location	Course Fee
	\$

5 Course Description	
Start Date	Finish Date
Course Location	Course Fee
	\$

<b>Total Course Fees for this enrolment</b>	\$
Current standard student course fees	Office use only
Estimated course fee for this student	Office use only

## Employer details

If you do not live in South Australia, do you work in South Australia? If Yes enter details below

Employer Postcode

Employer Suburb

## Eligibility

### 1 Residency details

In which country were you born?

- Australia  
 Other – please specify \_\_\_\_\_

### Resident Type

- Australian citizen  
 Permanent Australian resident  
 New Zealand citizen living in South Australia  
 Visa – (tick subclass number below)  
 163       457 (must include a study provision)  
 164       475       495  
 165       487       Other (Go to Question 2)

### 2 Other Visa Type

Visa subclass number: \_\_\_\_\_

Please attach a copy of your letter from DIAC that states your visa subclass entitlements.

### 3 Are you currently enrolled in secondary school?

- Yes  
 No (Go to question 4)

If yes, which of the following applies:

- School Based Apprenticeship, Training Contract  
 Training Guarantee for SACE Students  
 Exemption from attending school

### 4 What is your highest COMPLETED school level? (Tick one box only)

- Year 12 or Equivalent  
 Year 11 or Equivalent  
 Year 10 or Equivalent  
 Year 9 or Equivalent  
 Year 8 or Below  
 Never attended school

### In which year did you complete that school level?

### 5. Have you SUCCESSFULLY completed any of the following qualifications? If yes, check any of the applicable boxes below:

- Bachelor Degree of Higher Degree level  
 Advanced Diploma or Associate Degree level  
 Diploma  
 Certificate IV  
 Certificate III  
 Certificate II  
 Certificate I  
 No post school qualifications

### 6 Are you registered with Centrelink for these allowances?

- Yes (Indicate which allowances below)  
 No (Go to question 7)
- NewStart allowance  
 Youth allowance  
 Age pension  
 Disability support pension  
 Parenting payment single  
 Parenting payment (partnered)

**If yes please remember to complete items 8 and 9**

### 7 Concession: Do you hold any of the following concessions?

- Health Care Card  
 Pensioners Concession Card  
 Veterans Affairs Concession Card  
 None

### 8 Please state: Centrelink Customer Reference Number (CRN)

### 9 Centrelink benefit expiry

### 10 Prisoner

- Yes (f yes, contact WorkReady infoline 1800 506 266)  
 No

### 11 Were you/are you under the Guardianship of the Minister?

- Yes (f yes, contact WorkReady infoline 1800 506 266)  
 No

### 12 Of the following categories, which BEST describes your current employment status? (Check ONE box only)

- Full-time employee  
 Part-time employee  
 Self-employed – not employing others  
 Employer  
 Employed – unpaid work in a family business  
 Unemployed – seeking full-time work  
 Unemployed – seeking part-time work  
 Not employed – not seeking employment

### 13 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

### 14 How well do you speak English?

- Very well  
 Well  
 Not well  
 Not at all

**15 Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Islander origin, check both boxes 'Yes')**

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

**16 Impairment or long-term condition?**

- Yes **If YES, then please indicate the areas of disability, impairment or long-term condition. You may indicate more than one.**  
 No
- Hearing  
 Physical  
 Intellectual  
 Learning  
 Mental Illness  
 Acquired Brain Impairment  
 Vision  
 Medical condition  
 Other

**17 Your major reason for study? (Check ONE box only)**

- Get a job  
 To develop my existing business  
 To start my own business  
 To try for a different career  
 To get a better job or promotion  
 It was a requirement of my job  
 I wanted extra skills for my job  
 To get into another course of study  
 For personal interest or self-development  
 Other reasons

**18 How did you hear about our courses?**

- AMFA Website/Facebook  
 Advertisement  
 Other

**19 What other courses could the Academy provide?**

**20 Payment method and details**

- Please indicate one payment method only
- Cheque or Money Order  
 Cash (in person only)  
 EFT – Please contact AMFA for banking details  
 EFTPOS (complete details below)  
 Debit or Credit Card (complete details below)

Name on Card: \_\_\_\_\_  
 Type of Card:  VISA  Mastercard  Debit Card   
 Expiry Date: \_\_\_\_\_  
 Card number: \_\_\_\_\_  
 CVV or CID number: \_\_\_\_\_

Signature: _____	<b>Amount Paid</b>
Date: _____	\$ _____

**Every effort will be made to confirm a position for you however due to the popularity of these courses, we are unable to guarantee a position if payment is not received with this enrolment form.**

**Parchment and/or Statements will not be issued unless all fees are paid in full at the completion of your course**

**21 Declaration and Signature**

**Please ensure you have read and understood the documents mentioned below – these are available online via <http://www.afa.edu.au> or a paper copy can be supplied upon request**

- I have visited the AMFA Website and reviewed the **Student Pre-enrolment Information**  
 I agree to abide by all relevant **AMFA Policies and Procedures**
- By signing below, I acknowledge and agree to the following conditions:
- You agree to be registered by AMFA staff in the courses associated with this application.
  - All information provided pursuant to this application is correct to the best of your knowledge.
  - If any information provided pursuant to this application changes, you will contact AMFA to advise them of this as soon as possible.
  - Any offer or subsequent enrolment in a *WorkReady* training place made on the basis of false or misleading information may be withdrawn by AMFA and/or the Minister for Employment, Higher Education and Skills.
  - You will pay all fees associated with this application.
  - If you are under 18 years of age, a parent or guardian must co-sign this enrolment form.
  - You acknowledge that AMFA collects the information provided pursuant to this application for the purpose of processing your application and providing higher education services.  
AMFA may also use this information for statistical purposes including reporting to other bodies.  
AMFA will only release information provided in accordance with the South Australian Information Privacy Principles
  - You acknowledge that the Academy's policy on illicit drugs and alcohol allows for random sobriety testing (similar to those used by roadside testing units) of students prior to any high risk practical activity.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WHAT NOW?**

Once your enrolment form is completed, you **must** return it to the Academy **before** the course by fax, email, post or in person **with** payment of the required course fees. Return to:

<b>Port Adelaide</b>	Dockside, North Parade, Port Adelaide, or PO Box 2099, Port Adelaide 5015, or Fax: (08) 8303 2791 Email: <a href="mailto:info@afa.edu.au">info@afa.edu.au</a>
<b>Port Lincoln</b>	9 North Quay Boulevard, or PO Box 2001, Port Lincoln 5606, or Fax: (08) 8683 0897 Email: <a href="mailto:info@afa.edu.au">info@afa.edu.au</a>