



FEE PAYING enrolment form

RTO 32542

1. PERSONAL DETAILS

Title: _____ Surname: _____ Given Name (s): _____

Date of Birth: ____/____/____ Gender: Male Female USI: _____

Permanent Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Postal Address: (if different to above) _____

Suburb: _____ State: _____ Post Code: _____

Mobile: _____ Home: () _____ Business: () _____

Email Address: _____ Best contact method: Mobile / Home / Business

2. EMERGENCY CONTACT DETAILS

Name: _____

Mobile: _____ Home: () _____ Business: () _____

Email Address: _____ Relationship: _____

3. STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS

Allergy/Medical Condition: _____

Doctors Name: _____ Phone: () _____

Special Instructions: _____

Prescribed Medication: _____

4. TOTAL COURSE FEES - Please tick which course you wish to study

<input type="checkbox"/> Diploma of Beauty Therapy SHB50115 <i>Option 2</i>	\$16,400.00
<input type="checkbox"/> Diploma of Specialist Makeup Services CUA51015	\$16,400.00
<input type="checkbox"/> Diploma of Beauty Therapy SHB50115 <i>Option 1</i>	\$12,800.00
<input type="checkbox"/> Diploma of Remedial Massage HLT52015	\$12,800.00
<input type="checkbox"/> Diploma of Salon Management - Business SHB50216	\$7,750.00
<input type="checkbox"/> Diploma of Salon Management - Business and IPL SHB50216	\$9,750.00
<input type="checkbox"/> Graduate Certificate in IPL and Laser Hair Reduction SIB70110	\$5,900.00
<input type="checkbox"/> Certificate III in Makeup Services SHB30215	\$5,300.00
<input type="checkbox"/> Certificate III in Beauty Services SHB30115	\$5,300.00
<input type="checkbox"/> Certificate II in Retail Cosmetics SHB20116	\$2,700.00
<input type="checkbox"/> Certificate III in Nail Technology SHB30315	\$4,400.00
<input type="checkbox"/> Short Course/s - Please write Course:	Price \$



FEE PAYING enrolment form

RTO 32542

5. ETHNICITY

Were you born in Australia?

YES Suburb: _____ Postcode: _____

NO Country of birth: _____ City of birth: _____ Year arrived in Australia: _____

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

6. CITIZENSHIP / RESIDENCE DETAILS

Australian Citizen (Vet Fee-Help Eligible) New Zealand Citizen Permanent Resident Visa
 Temporary Resident Visa Permanent Humanitarian Visa (Vet Fee Help Eligible) Student Visa
 Visitor's Visa Business Visa Holiday Visa Other Visa Overseas - No Visa or Citizenship

(Please attach a certified copy of your passport, birth certificate, citizenship certificate or visa as applicable)

**(If you are married, please also attach a certified copy of your marriage certificate)*

7. LANGUAGE

What language is spoken at your permanent home address?: English Other (please specify) _____

How well do you speak English? Very well Well Not well Not at all

8. DISABILITY

Do you have a disability, impairment or long term medical condition, which may affect your studies? Yes No

Hearing Vision Learning Medical Mobility Other _____

If you have a disability,
would you like to receive advice on support services, equipment and facilities, which may assist you? Yes No

9. EDUCATION

Are you currently attending high school? Yes No

If **yes**, what year are you in? _____ If **no**, in what year did you finish school? _____

If **yes**, please provide your **LUI** _____ If **no**, what was the name of the school? _____

What is your highest completed secondary school level?

Completed Year 12 Which School did you Attend? _____
 Completed Year 11 Completed Year 10 Year 9 or equivalent Year 8 or below
 Never attended School

FEE PAYING enrolment form

RTO 32542

Have you undertaken any post-secondary (after high school) study?

- Bachelor Degree or Higher Degree level? Completed? Yes No Year of completion: _____
- Advanced Diploma or Associate Degree level? Completed? Yes No Year of completion: _____
- Diploma level? Completed? Yes No Year of completion: _____
- Certificate IV level? Completed? Yes No Year of completion: _____
- Certificate III level? Completed? Yes No Year of completion: _____
- Certificate II level? Completed? Yes No Year of completion: _____
- Certificate I level? Completed? Yes No Year of completion: _____
- Other? _____ Completed? Yes No Year of completion: _____

10. LABOUR FORCE STATUS WHILST STUDYING *(Please choose one option)*

- Full Time Part Time Self-Employed - not employing others Employer
- Employed as unpaid worker in family business Unemployed seeking full time employment
- Unemployed seeking part time employment No employed, not seeking employment

11. REASON FOR STUDY *(Please choose one option)*

- To get a job To get a better job or promotion I wanted extra skills for my job
- It is a requirement of my job Personal interest or self development To start my own business
- To develop my own business To get into another course of study To try a different career
- Other reason: _____

12. PREFERRED PAYMENT OPTION *(Payment must be made prior to course commencement)*

- Direct Debit/Payment Plan Cash Direct Deposit/Bank Transfer
(*Please obtain an invoice with bank details)
- Credit Card Card Number: _____ Expiry Date: _____
- Name on Card: _____ CCV: _____

13. ENTRY REQUIREMENTS *Please attach a certified copy* of certificates, degrees or diplomas*

Please state your current qualification(s): _____

(*A certified copy is a copy of an original document that has been verified as being a true copy after the original document has been sighted. Any of the following persons are authorised to certify official documents: Justice of the Peace, Lawyer, Dentist, Pharmacist, Medical Practitioner, Veterinarian, Accountant, Police Officer or Teacher).

FEE PAYING enrolment form

RTO 32542

14. ENROLMENT STATUS

- On Campus Maroochydore Full-Time Part-Time
 Distance / Mixed Study Full-Time Part-Time

15. COMMENCEMENT DATES - When do you wish to commence your studies?

Course you are enrolling in: _____

Commencement date: _____ Completion date: _____

16. RECOGNITION OF PRIOR LEARNING/CREDIT TRANSFER

Do you want to be assessed for Recognition of Prior Learning and/or Credit Transfer? Yes No
 NB: Application for RPL/Credit Transfer MUST be made prior to course commencement.

If yes, please complete a request for Recognition of Prior Learning/Credit Transfer Form and attach to this enrolment form.

No. of Units RPL/Credit Transfer is being applied for: _____ Unit/s Over _____ /Terms of study

Term 1: _____ Term 2: _____

Term 3: _____ Term 4: _____

17. WHERE DID YOU FIRST HEAR ABOUT DEMI INTERNATIONAL COURSES?

- Google Search _____ Industry Association _____ Newspaper _____
 Past/Current Student _____ Email Advertisement _____ Expo _____
 Education Agent _____ Radio Station _____ Magazine _____

18. DO YOU NEED FURTHER INFORMATION or ASSISTANCE?

Student Support Phone: (07) 5309 6635 Email: admin@demiinternational.com.au

PRIVACY STATEMENT

The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with the Demi International Beauty Academy's Privacy and Personal Information Procedures. The Academy reserves the right to verify any of the details you have provided on this form in order to assess your application.

Some information requested on this form is collected to comply with the reporting requirements of the Higher Education Support Act 2003 and will be disclosed to the Commonwealth Department of Education as well as other information regarding your studies with the Institute. If you access Commonwealth Assistance while enrolled with the Institute, information about you and the study you undertake will be provided to the Australian Taxation Office.



FEE PAYING enrolment form

RTO 32542

To secure a place in a course, Demi International requires payment of a deposit prior to course commencement. This deposit/administration fee is non-refundable and covers a range of costs including:

- Administration charges associated with processing your enrolment, booking teachers and course dates and;
- Learning resources required for the commencement of the course/qualification

On enrolment students are required to enter into an agreed payment plan with all course fees being paid prior to the course commencement. A range of options are available and will be discussed with you at the time of enrolment. Plans include weekly, fortnightly or monthly payment options. Fees must be paid on time and payments must be up to date at all times. Students on payment plans may be asked to leave class if they fail to make a payment on the due date. Fees cover ongoing access to beauty products and resources, printed material and notes and general tuition fees.

Should Demi International need to postpone a course for any reason, every effort will be made to reschedule the course within the following two months. If however this is not possible or the rescheduled dates do not suit, participants are entitled to a credit to be used towards any upcoming courses of their choice.

Should a student cancel a 'scheduled and confirmed' course within 72 hours of a the scheduled course date/s no credit or refund will be provided. I hereby agree to the conditions set out in the above Refund Policy.

I hereby declare that the information supplied on this form is correct and complete to the best of my knowledge. I understand that the information about me and the study I undertake may be disclosed as described in the Privacy Statement or otherwise as required by the law.

Applicant's Signature: _____

Date: ____/____/____

DIBA Authorised Person: _____

Date: ____/____/____

Please email or post you application to:

Demi International Beauty Academy:
9 / 31-33 Plaza Parade, Maroochydore QLD 4558
Email: admin@demiinternational.com.au

Student ID No. _____	Date Payment Received: _____ Amount \$ _____
Uniforms Issued: _____	Receipt No. _____
Details entered in VETTRAK. _____	Date Emailed: _____
Payment Plan Agreement: Faxed Attached N/A	Special Need Form: Completed: Attached N/A
Student Welcome Email Sent: _____	Refund Policy Signed: _____
Application Forms RPL/CT: Attached N/A	Student Handbook Given Date: _____
Workbooks/TEXT provided to student: _____	