



Enrolment Form

(Full Qualifications)

Thank you for your interest in attending the WISE Academy. Please complete the details below.

Personal Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____ Country: _____

Phone (H) _____ (W) _____ (Mobile) _____

Email: _____ Date of Birth: ____/____/____

I wish to enrol into the following qualification: (fees as of July 1, 2008)

COURSE / QUALIFICATION NAME	CODE	PRICE
<input type="checkbox"/> Certificate III in Business	BSB30107	\$ 2200
<input type="checkbox"/> Certificate IV in Business	BSB40207	\$ 2500
<input type="checkbox"/> Certificate IV in Business Sales	BSB40607	\$ 2495
<input type="checkbox"/> Certificate III in E-Business	BSB30601	\$ 2200
<input type="checkbox"/> Certificate III in Occupational Health & Safety	BSB30707	\$ 2295
<input type="checkbox"/> Certificate IV in Human Resources	BSB41007	\$ 2695
<input type="checkbox"/> Certificate IV in Marketing	BSB41307	\$ 2695
<input type="checkbox"/> Certificate IV in Business Management	BSB41101	\$ 2695
<input type="checkbox"/> Certificate IV in Small Business Management	BSB40407	\$ 2995
<input type="checkbox"/> Certificate IV in Fitness/Certificate IV in Small Business Management	SRF40206/BSB40407	\$ 5200
<input type="checkbox"/> Certificate III in Fitness	SRF30206	\$ 3695
<input type="checkbox"/> Certificate IV in Fitness	SRF40206	\$ 3395
<input type="checkbox"/> Certificate III / IV in Fitness	SRF30206/ SRF40206	\$ 6495
<input type="checkbox"/> Certificate IV in Community Recreation	SRC40206	\$ 2500
<input type="checkbox"/> Certificate III in Sport (Athlete Support Services)	SRS30506	\$ 2500
<input type="checkbox"/> Certificate IV in Massage Therapy Practice	HLT40307	Ring
<input type="checkbox"/> Diploma of Remedial Massage	HLT50307	Ring

The WISE Academy also offers other packages. Pricing is negotiated on a case-by-case basis. Please ring WISE directly for a consultation.

Will you need a payment plan? Yes No

Do you have a current First Aid Certificate (Sport/Fitness/Rec only)? Yes No
(proof will be requested upon enrolment)



The following information is collected by the State Training Authorities.

GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
DISABILITY	<p>Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hearing/Deafness <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other
CITIZENSHIP	<p>Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please specify country: _____</p> <p>I am:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An Australian Citizen <input type="checkbox"/> A New Zealand Citizen <input type="checkbox"/> An Australian Permanent <input type="checkbox"/> A Temporary Resident
EQUITY GROUP DETAILS	<p>Of the following categories, which best describe your circumstances? (more than one box may be ticked)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unemployed < 12 mths <input type="checkbox"/> Unemployed > 12 mths <input type="checkbox"/> Sole parent <input type="checkbox"/> Non english speaking background <input type="checkbox"/> Woman returning to the workforce <input type="checkbox"/> Mature age student (40+ yes, we know we know) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres straight islander <input type="checkbox"/> Early school leaver aged under 25 <input type="checkbox"/> Other minority group
SCHOOLING	<p>What is your highest COMPLETED school level? (Tick ONE box only.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 Or Lower <p>In which year did you complete this school level? _____</p> <p>Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
PRIOR ACHIEVEMENTS	<p>Have you SUCCESSFULLY COMPLETED any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tick which qualifications you have successfully completed (also state the name of the qualification).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bachelor Degree Or Higher Degree: _____ <input type="checkbox"/> Advanced Diploma Or Associate Degree: _____ <input type="checkbox"/> Diploma (Or Associate Diploma): _____ <input type="checkbox"/> Certificate Iv (Or Advanced Certificate/Technician): _____ <input type="checkbox"/> Certificate Iii (Or Trade Certificate): _____ <input type="checkbox"/> Certificate Ii: _____ <input type="checkbox"/> Certificate I: _____ <input type="checkbox"/> Certificates Other Than The Above: _____ <input type="checkbox"/> I have not completed any qualifications.



RECOGNITION of PRIOR LEARNING / EXEMPTIONS / DIRECT CREDIT

- Do you wish to apply for recognition of prior learning? Yes No
Do you wish to apply for exemptions/direct credit? Yes No
Are you applying for exemptions for the whole of this course or for selected modules only?
 Whole Of Course Selected Modules

Name of qualification previously achieved: _____

Name and address of training institution: _____

Please provide a CERTIFIED COPY of your qualification / academic transcript.

PRIVACY POLICY

NOTE: All information is used for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of that information for those purposes.

As a client of The WISE Academy, I understand that I am required to provide personal information including Name, Address, Telephone, Age, Employment history, Education and qualifications, and Information to determine the level of assistance you may require in order to receive services by The WISE Academy. Should you not be willing to provide this information to The WISE Academy please understand that we will not be able to provide you with services. Your information will be securely stored and only made available to other employees/contractors of The WISE Academy, the state training authority or other training regulatory bodies.

- Tick here if you do not wish to receive information in the future regarding our products & services.

Non-Refundable Enrolment Fee: 20% of the Tuition Price / Fee

If you decide to enrol with The WISE Academy, you will be required to pay the 20% deposit of the tuition and pay the balance on the first day of class unless other payment plans are arranged.

Amount to be deducted: \$ _____ (Credit Cards incur a 2% fee)

- Cheque enclosed. Payable to "The WISE Academy Pty Ltd" (returned cheques incur a \$40 fee)
 Visa MasterCard Bankcard

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| Expiry date ____/____

Cardholder's name _____

Signature _____

- I agree that the above amount can be debited from my credit card.
 I have read and agree to the terms and conditions of this enrolment (below). By completing and submitting this form either electronically or manually you are agreeing to the terms and conditions for the program/s your are enrolling in.

Terms and Conditions of enrolment

A 20% non-refundable deposit is required prior to the the commencement of the course and then the balance is required the first day of class (unless a payment plan is approved). If a student decides to withdraw from the program after WISE has received this form/payment and 7 days prior to the start of the course, the student waives the deposit. Students are considered to be enrolled upon receipt of the deposit and enrolment form.

Submit this form to:



The WISE Academy
PO Box 981, Belconnen, ACT 2616 Australia
Phone: +61 2 6162 0919 Facsimile: +61 2 6287 4378
Email: courses@thewiseacademy.com
ABN: 20124018944 NTIS Reg No. 88136

Student Acknowledgement: I hereby declare the above information to be a true account of my formal training/education/ work experience.

Student Signature: _____ Date: _____