

VET COURSE ENQUIRY FORM

VET122

PERSONAL DETAILS - All students must complete

USE BLACK OR BLUE PEN ONLY

Student Number

Title Mr Mrs Ms Miss Dr

Surname

Given Names

Gender Male Female
 Indeterminate/Intersex/Unspecified

Date of Birth (dd/mm/yyyy)

Email

Apprentice School Student International

Mailing Address (during training) – All students must complete

Number & Street or PO Box

Suburb/Town

State Post Code

Country

Home Phone (including area code)

Work Phone (including area code)

Mobile Phone

Correspondence issued will be sent to your CDU Computer Account; once activated.

COURSE DETAILS

Course code

Course name

Commencing course in TP1 TP2 TP3 TP4

Course mode Internal Mixed

Campus Team code

Usual Residential Address – If different to your Mailing Address

Number & Street (Cannot be a PO Box)

Suburb/Town

State Post Code

Country

Fax number (including area code)

Do you intend to complete the whole qualification/course OR do you intend to complete a set of units? (Tick ONE box only)

Course Units

Emergency Contact – All students must complete

Contact Name

Contact Phone 1 (including area code)

Contact Phone 2 (including area code)

EXEMPTION FROM TUITION FEES - Complete if you are seeking an exemption from fees

Domestic students enrolled in VET courses that are not subsidised by the NT Government will attract full fees, and NO fee exemption will apply.

You may seek an exemption from tuition fees if your course is subsidised by the Northern Territory Government **and:** (Please tick relevant box)

You are in receipt of a current Centrelink or Veteran's Affairs benefit

You have Refugee status or a Humanitarian Visa

If you have ticked either of the boxes above you **MUST** attach a certified copy of your Visa, Passport, current Centrelink or Veteran's Affairs card to this enquiry form.

SPONSORED BY A THIRD PARTY - if you are being sponsored by a Third Party, please complete the Third Party Authorisation Form

Signature of Student: _____ Date: _____

TEAM USE ONLY

Fee category (CSO to complete) Learnline AFB Funding source: 11H 11J 11K 20A Other (specify)

Lecturer Name Lecturer Signature Date

Date processed by CSO: Processed by: