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| **SECTION 1: PERSONAL DETAILS****Course:** |
|  |
| **Student Number** |  |  |  |  |  |  |  | **Postal Address** *(must be completed by all students)* |
| **Title** | * Mr
 | * Mrs
 | * Ms
 | * Miss
 | * Dr
 | **Number and Street or PO Box** |  |
|  | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |
| **Surname** |  | **Suburb/Town** |  |
| **Given Names** |  | **State** | **Postcode** |  |  |  |  |
| **Preferred Name** |  | **Country****(if outside Australia)** |  |
| **Gender** | * Male
 | * Female
 | **Home Phone** |  |
| **Date of Birth****(D D M M Y Y Y Y)** |  |  |  |  |  |  |  |  | **Work Phone** |  |
| **Former Surname** |  | **Mobile Phone** |  |
| **Are you an International Student?** | * Yes
 | * No
 | **Email** |  |
| **Semester Address** *(International Students only)* | **Home Address and Emergency Contacts** |
| **Number and Street or PO Box** |  | **Number and Street or PO Box** |  |
|  |  |  |  |
| **Suburb/Town** |  | **Suburb/Town** |  |
| **State** | **Postcode** |  |  |  |  | **State** | **Postcode** |  |  |  |  |
| **Country****(if outside Australia)** |  | **Fax** |  |
|  |  | **Emergency Phone 1** |  |
|  |  | **Emergency Phone 2** |  |
|  | **Emergency Contact** |  |
|  |
| **SECTION 2: COURSE DETAILS****Course:** |
|  |
| **Course Code** |  | **Course name** |  |
| **Research Training Scheme (RTS)**Have you, as at January 2005, been enrolled under the RTS in any previous course at the same level as this course at another University? | * No
 | * Yes
 | **•**If yes, what was your TOTAL EFTSU? *(provided on your Notice of Liability on a semester basis)* |  |
|  |
| **SECTION 3: UNIT DETAILS****Course:** |
| **Students must enrol for the whole year** *(unless this is the final semester of study)* |
| **Semester One** | * Full time
 | * Part time
 | **Semester Two** | * Full time
 | * Part time
 |
| **Mode** | * Internal
 | * External
 | **Mode** | * Internal
 | * External
 |
|  |
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| **SECTION 4: STATISTICAL INFORMATION** *All students must complete unless stated otherwise.***Course:** |
| ***The Australian Government Department of Education requires this information to be collected for statistical purposes.*** |
| **Q1. Are you of Aboriginal or Torres Strait Islander origin?*** Neither Aboriginal nor Torres Strait Islander
* Yes, Aboriginal
* Yes, Torres Strait Islander
* Yes, Aboriginal and Torres Strait Islander

**Q2. What is your Citizenship and Residence Status this year?*** Australian citizen (including Australian citizens with dual citizenship)
* New Zealand citizen or a diplomatic or consular representative of New Zealand, a member of the staff of such a representative or the spouse or dependent relative of such a representative, excluding those with Australian citizenship. (Note: includes any such persons who have Permanent Resident status)
* I have a permanent humanitarian visa
* I have a permanent residency visa other than a permanent humanitarian visa
* I have a temporary entry permit or am a diplomat or a dependent of a diplomat (except New Zealand) and resides in Australia during this unit of study
* Not one of the above categories and I am residing outside Australia during my unit of study

**Q3. If you have Permanent Resident status, which statement best describes your circumstance?*** Permanent Residence status does not apply to me
* I am residing in Australia during the Semester OR outside Australia as per the course requirement
* I am residing outside Australia for the Semester
* On enrolment day I met the residency requirements more than 12 months ago.

***The university must have a certified copy of your current visa documentation. Please help us to process your enrolment by providing a certified copy of your current visa as soon as possible if you have not already done so.*****Q4. In what country is your permanent home residence?*** Australia, postcode

OR* Overseas, name of country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q5. In what country is your residence during the year?*** Australia, postcode

OR* Overseas, name of country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q6. In what country were you born?*** Australia

OR* Overseas, name of country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of arrival in Australia**Q7. Do you speak a language other than English at your permanent home residence?*** No
* Yes, language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Q8. Where was your permanent home residence during Year 12?**Suburb/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:**Q9. In what year did you leave Secondary School?**Year: **Q10. What is your highest educational participation prior to commencement?*** A complete Higher Education postgraduate level course
* A complete Higher Education bachelor level course
* A complete Higher Education sub-degree level course
* An incomplete Higher Education course
* A complete VET award course
* An incomplete VET award course
* A complete final year of secondary education course at school or TAFE
* Other qualification, complete or incomplete
* No prior educational attainment

**Year of completion was** **Q11. What was the highest level of education completed by your parent/guardian #1 and your parent/guardian #2?****#1 #2*** 🞏 Post Graduate Qualifications (eg Postgrad Diploma,Masters, PhD)
* 🞏 Bachelor Level Qualifications
* 🞏 Other Post School Qualifications (eg. VET/TAFE Certificate, Completed Apprenticeship, Associate Degree or Diploma)
* 🞏 Completed Year 12 Schooling or equivalent
* 🞏 Did not complete Year 12 Schooling or equivalent
* 🞏 Completed Year 10 schooling or equivalent
* 🞏 Did not complete Year 10 schooling or equivalent
* 🞏 Don’t know
* 🞏 Not applicable

**Parent/Guardian #1 is** 🞏 **Male** 🞏 **Female****Parent/Guardian #2 is** 🞏 **Male** 🞏 **Female****Q12. Do you consider yourself to have a disability, impairment or long-term medical condition?*** No
* Yes. If yes, then please indicate areas of disability, impairment or long-term condition **and** indicate if you would like to be contacted regarding advice on support services, equipment and facilities that may assist you.
* Acquired Brain Impairment 🞏 please contact me
* Hearing/deaf 🞏 please contact me
* Intellectual 🞏 please contact me
* Learning 🞏 please contact me
* Medical Condition 🞏 please contact me
* Mental Illness 🞏 please contact me
* Mobility 🞏 please contact me
* Physical 🞏 please contact me
* Vision 🞏 please contact me
* Other 🞏 please contact me
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| **SECTION 5: DECLARATION AND SIGNATURE** *(All students must complete.)***Course:** |
| *• Read the declaration, and if in agreement then sign and date the form**•* ***Additional Documentary Evidence – must be certified and provided if you:******•*** *Changed your name (documentary proof is required – driver’s license, marriage certificate, passport or statutory declaration)****•*** *Became a permanent resident (documentary proof is required – passport or permanent residency documentation – document must state the month and year residency was granted)****•*** *Became an Australian Citizen – (documentary proof is required)* |
| 1. I declare that I have read the instructions for completing my enrolment and that the information I have provided in connection with this enrolment is true and complete.2. I acknowledge that it is my responsibility to enrol correctly and understand that I must ONLY enrol in units that comply with the requirements of my course. I have also read the recommended study plan for my course, which is found on the web (http://www.cdu.edu.au/courses).3. I agree to meet all enrolment deadlines and make payment of all fees arising from this enrolment by their due date. I understand that I must accept the consequences of not meeting these due dates in accordance with instructions either published by the University or sent to me in any correspondence from the University relating to my enrolment.4. I authorise the University to collect, receive, store transfer and use any information provided by me, or any information obtained in connection with this enrolment to all its member institutions, Universities Australia, their member institutions, the members of the Australasian Conference of Tertiary Admissions Centres (ACTAC), and any other tertiary educational institution or authority either in Australia or Overseas where the University reasonably considers it is necessary to make such disclosure.5. I acknowledge that the University is required to release personal information I have given to the Department of Education and that Department will collect and store my personal information in the Higher Education Information Management System (HEIMS).6. I understand that the giving of false or misleading information may lead to the cancellation of my enrolment.7. I acknowledge that while I am enrolled I will comply with the rules, policies and by-laws of the University. |
| **Signature** |  | **Date** |  |
|  |
| **SECTION 6: WHERE TO SEND YOUR FORM****Course:** |
| • Your Enrolment form can be emailed to [research.degrees@cdu.edu.au](file:///%5C%5Cstaff-cas%5Ceducation%5Cherb%5Cherb-public%5CResearch%5CStudents%5CStudent%20Forms%202014%5Cresearch.degrees%40cdu.edu.au) or posted to the Office of Research and Innovation:**Postal Address**Office of Research and InnovationCharles Darwin UniversityDARWIN NT 0909AUSTRALIA• If you have any questions regarding your enrolment either: **•** email research.degrees@ cdu.edu.au **•** or contact the Research Degrees Administration Officer in the Office of Research and Innovation on **08 8946 7065**. |
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