

Higher Education Enrolment Form 2020

All new and continuing domestic and international students have access to enrol online.
This form is primarily for Miscellaneous students.

SECTION 1 – STUDENT STATUS – All students must complete

- Ensure you nominate if you are a new student or a continuing student in this course.

- I am a new student in this course who has **not** previously studied at Charles Darwin University.
- I am a new student in this course who has previously studied at Charles Darwin University.
- I am a continuing student in this course.

SECTION 2 – PERSONAL DETAILS – All students must complete

- Provide your six-digit Student Number (new students will be issued with a Student Number as soon as this enrolment is processed).
- Ensure that you provide your Title, Surname, Given Name, Gender and Date of Birth (your Preferred Name and Former Surname are optional fields).
- EMAIL – your student email will be your six-digit student number with an “s” at the start (for example) s007007@students.cdu.edu.au.
- POSTAL ADDRESS – enter the address where you would like your correspondence sent and your preferred contact telephone number.
- HOME ADDRESS – enter your permanent Home Address. This address must not be a PO Box.
- EMERGENCY CONTACT DETAILS – enter the name of your emergency contact person, along with two telephone numbers on which they can be contacted.
- SEMESTER ADDRESS – Please provide an Australian street address if different from your Home Address. This address must not be a PO Box.

Student Number

Title Mr Mrs Ms Miss Dr

Surname

Given Names

Preferred Name
Optional – NOT a Nickname

Gender Female Male (Indeterminate/
Intersex/Unspecified)

Date of Birth Approx
dd/mm/yyyy

Email

Former Surname
If Applicable

Are you a CDU staff member? Yes No

Home Address – If different to your Postal Address

Number & Street
Cannot be a PO Box

Suburb/Town

State & Post Code

Country

Are you an International Student? Yes No

Postal Address – All students must complete

Number & Street or PO Box

Suburb/Town

State & Post Code

Country

Home Phone ()

Work Phone ()

Mobile Phone

Emergency Contact – All students must complete

Contact Name

Contact Phone 1 ()

Contact Phone 2 ()

Semester Address – If different to your Home Address

Number & Street
Cannot be a PO Box

Suburb/Town

State & Post Code

Country

Student Administration

Date Received		Date Processed	
Received By		Processed By	
Fee Category	Student Status	Pre-2010	2020

SECTION 3 – COURSE DETAILS – All students must complete

- Ensure that the Course and Location that you select are available. The University’s website has this information - www.cdu.edu.au/courses

CDU Course Code

Course Name

Location

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Casuarina | <input type="checkbox"/> Darwin Waterfront | <input type="checkbox"/> Batchelor | <input type="checkbox"/> Sydney |
| <input type="checkbox"/> Alice Springs | <input type="checkbox"/> External | <input type="checkbox"/> DPC Alice Springs | <input type="checkbox"/> Melbourne |

SECTION 4 – UNIT DETAILS – All students must complete

- You need to enrol for the whole year. This includes Semester 1 and/or 2 and any other Teaching Periods as listed on the table below.
- Ensure that the units you select are available in the Teaching Period, Location and Unit Mode you indicate on this form. The University’s website has this information - www.cdu.edu.au/units
- International Students must enrol in a ‘full-time’ study load – this usually means 4 x 10 credit point units per semester.

Teaching Period		Location		Unit Mode
SS - Summer Semester	SP1 - Study Period 1	CAS - Casuarina	WFD - Darwin Waterfront	I - Internal
S1 - Semester 1	SP2 - Study Period 2	ASP - Alice Springs	DPC - Desert Peoples’ Centre	E - External
S2 - Semester 2	SP3 - Study Period 3	BAT - Batchelor		
S3 - Semester 3	SP4 - Study Period 4	For external units enter Ext as the location		

Unit Code	Period	Location	Mode	Unit Name
<i>Example: CUC100</i>	<i>S1</i>	<i>CAS</i>	<i>I</i>	<i>Academic Literacies</i>
Unit Code	Period	Location	Mode	Unit Name

SECTION 5 – Australian Government Department of Education and Training

- If you are commencing as a Commonwealth supported student in 2020 then you must complete a *Request for Commonwealth support and HECS-HELP* form. Please note that enrolments cannot be processed without the correct Department of Education and Training form.
- If you are continuing as a Commonwealth supported student in 2020 then you only need to complete a new form if you want to:
 - ◆ change your payment option; or
 - ◆ transfer to another course eg Bachelor of Arts to Bachelor of Science.
 - ◆ Please note that enrolments cannot be processed without the correct Department of Education and Training form.
- If you are commencing as a fee-paying student (a non-Commonwealth supported student) in 2020 you only need to complete the *Request for FEE-HELP assistance* form if you wish to access FEE-HELP.

- I am commencing as a Commonwealth supported student in 2020 and my completed *Request for Commonwealth support and HECS-HELP* form is attached to this enrolment form.
- I am continuing as a Commonwealth supported student in 2020 and have either changed my payment option or transferred to another course. My completed *Request for Commonwealth support and HECS-HELP* form is attached to this enrolment form.
- I am commencing as a fee-paying student in 2020 and wish to access FEE-HELP. My completed *Request for FEE-HELP* form is attached to this enrolment form.

SECTION 6 – ADDITIONAL INFORMATION

Your answers to the following questions will assist the University in providing you with appropriate educational and support services and advice.

Q1. Approximately how many hours of paid employment per week do you anticipate engaging in during semester?

- None
- 1 - 4 hours per week
- 5 - 10 hours per week
- 11 - 19 hours per week
- 20 - 35 hours per week
- > 35 hours per week

Q2. Approximately how many hours per week during semester do you anticipate that you will be providing unpaid care, help or assistance to family members or others?

(This includes childcare for children under 15 years of age, or dependency related to age, disability or illness.)

- None
- 1 - 4 hours per week
- 5 - 10 hours per week
- 11 - 19 hours per week
- 20 - 35 hours per week
- > 35 hours per week

SECTION 7 – STATISTICAL INFORMATION –All students must complete unless stated otherwise

The Australian Government Department of Education and Training requires this information to be collected for statistical purposes.

Q1. Are you of Australian 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?

Highest level of school completed?

- Year 9 Year 10 Year 11 Year 12
 None of the above

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 final year of secondary education course at school or Registered Training Organisation
 Other qualification, complete or incomplete
 No prior educational attainment
 A complete VET award course
 An incomplete VET award course

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 |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Post Graduate Qualifications (eg. Masters, PhD) |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor Level Qualifications |
| <input type="checkbox"/> | <input type="checkbox"/> Other Post School Qualifications (eg. VET/TAFE Certificate, Completed Apprenticeship, Associate Degree or Diploma) |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Year 12 Schooling or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Did not Complete Year 12 Schooling or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Completed Year 10 schooling or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Did not complete Year 10 schooling or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> | <input type="checkbox"/> Not Applicable |

Q12. Do you consider yourself to have a disability, impairment or long-term medical condition?

- No
 Yes
 If yes, then please indicate the 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.

- | | |
|--|--|
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Learning | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Physical | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Vision | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Other | <input type="checkbox"/> please contact me |

SECTION 8 – DECLARATION AND SIGNATURE – All students must complete

- Read the declaration, and if in agreement then sign and date the form
- **Additional Documentary Evidence – must be 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 transfer my enrolment to the newest course version at the next available enrolment period, where a course has been replaced and when there is no credit disadvantage to me. I understand that the University will advise me of this in writing prior to any course changes.
5. I authorise the University to transfer, use and disclose any information provided by me to the University, or any information obtained in connection with this enrolment to all its member institutions, the Universities Australia member institutions, the members of the Australasian Conference of Tertiary Admissions Centres (ACTAC), any other tertiary educational institution, any registration/accreditation board (including the Australian Health Practitioner Regulation Agency) or authority either in Australia or Overseas where the University reasonably considers it is necessary.
I authorise the University to collect, receive, store, transfer, use and disclose any information regarding me provided by its member institutions, the Universities Australia member institutions, the members of the Australasian Conference of Tertiary Admissions Centres (ACTAC), any other tertiary educational institution, any registration/accreditation board (including the Australian Health Practitioner Regulation Agency) or authority either in Australia or Overseas where the University reasonably considers it is necessary.
6. I acknowledge that the University is required to release personal information I have given to the Australian Government Department of Education and Training and that Australian Government Department of Education and Training will collect and store my personal information in the Higher Education Information Management System (HEIMS).
7. I understand that the giving of false or misleading information may lead to the cancellation of my enrolment.
8. I acknowledge that while I am enrolled I will comply with the rules, procedures, policies and by-laws of the University, as amended from time to time.
9. I hereby grant permission for Charles Darwin University to verify any documentation which accompanies this application with the issuing body.
10. I understand that I am required to keep the original copy of any documentation provided for a 6 month period following the submission of this form, and that I may be required to produce this as a result of a Charles Darwin University random audit process.

Signature of Student:

Date:

SECTION 9 – WHERE TO SEND YOUR FORM

- Your Enrolment form and appropriate Australian Government Department of Education and Training form (if required) can be posted or hand delivered to Student Central.
- If you have any questions regarding your enrolment then email enrolmenthelp@cdu.edu.au or contact Student Central on 1800 061 963.

Postal Address

Student Central
Charles Darwin University
DARWIN NT 0909
AUSTRALIA

Hand deliver

Student Central
Orange 1 Casuarina Campus
Charles Darwin University
Ellengowan Drive
DARWIN

Hand deliver

Student Central
CDU Darwin Waterfront
Ground Floor, 21 Kitchener Drive
DARWIN

Hand deliver

Student Central
Alice Springs Campus
Charles Darwin University
Grevillea Drive
ALICE SPRINGS