

# Higher Education Enrolment Form 2022



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.
- Unique Student Identifier (USI) - this is compulsory for all students. Your enrolment cannot be actioned without this.
- 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

Have you previously provided CDU with a USI number?  
 Yes  No

If no, please provide your USI number in the space provided below. If you do not have a USI, visit [www.usi.gov.au](http://www.usi.gov.au) to apply for your USI and activate your USI account.

### Home Address – If different from your Postal Address

Number & Street   
Cannot be a PO Box

Suburb/Town

State & Post Code

Country

### 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 from your Home Address

Number & Street   
Cannot be a PO Box

Suburb/Town

State & Post Code

Country



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

The Australian Government Department of Education, Skills and Employment 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?

### Q10. What is your highest educational attainment prior to commencement?

- Doctoral Degree
- Master Degree
- Graduate Diploma or Graduate Certificate
- Bachelor Degree
- Diploma
- Certificate IV
- Certificate III
- Certificate II
- Certificate I
- None of the above

### 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"/> Postgraduate 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"/> Hard of Hearing/Deaf         | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Physical disability          | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Intellectual disability      | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Mental health condition      | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Acquired brain injury        | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Low Vision/Blind             | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Medical condition            | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Neurological condition       | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Other disability             | <input type="checkbox"/> please contact me |
| <input type="checkbox"/> Not specified                | <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 licence, 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 or such disclosure is required by law.  
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 or such disclosure is required by law.
  6. I acknowledge that the University is required to report personal information to the Australian Government Department of Education Skills and Employment (DESE), Services Australia and the Australian Taxation Office (ATO) through TCSI (Tertiary Collection of Student Information) and;
    - CDU may disclose your personal information to Australian government agencies, including Services Australia (Department of Human Services) and ATO, where this is required or authorised by Australian law.
    - Information about your enrolment with CDU may be disclosed if you are claiming or receiving a payment from Services Australia.
    - You are still required to notify Services Australia of any change in circumstances that may affect your payment.
    - Personal information disclosed to Services Australia is protected by law, including the Privacy Act 1988. More information about the way that Services Australia handles personal information can be found at: <https://www.servicesaustralia.gov.au/individuals/privacy>.
  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, student code of conduct 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.
  11. I acknowledge that I have read and understood the inherent requirements relevant to the course in which I am enrolling, which is found on the web ([www.cdu.edu.au/inherent-requirements](http://www.cdu.edu.au/inherent-requirements))
  12. I accept that the University will contact me via email, SMS and phone as per the contact details recorded in my enrolment, throughout the duration of my time holding a place in this course.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 9 – WHERE TO SEND YOUR FORM

- Your Enrolment form and appropriate Australian Government Department of Education, Skills and Employment 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](mailto: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