

HE106 Higher Education



Cross Institutional Enrolment

Are you an International Student? Yes No

Title Mr Mrs Ms Miss Mx Dr

Other

Surname

Given Names

Preferred Name

Gender Male Female Indeterminate/
Intersex/Unspecified

Date of Birth (DDMMYYYY)

Postal Address (must be completed by all students)

Number & Street or PO Box

Suburb/Town

State & Postcode

Country (If outside of Australia)

Mobile Phone

Emergency Contact Name

Emergency Contact Number

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 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 & Postcode

Country

Email

Course Code ZCIUG1 - Cross Institutional (Undergraduate Studies) Internal External

ZCIPG1 - Cross Institutional (Postgraduate Studies) Internal External

Name of your Home Institution

Charles Darwin University				Your Home Institution Use	
Unit Code	Unit Title*	Teaching Period	Study Model I / E	The student named above will receive credit towards their course after having completed the Charles Darwin University unit(s) listed on this form. Authorising Officer Title _____ Authorising Officer Name _____ Authorising Officer Signature _____	Institution Stamp here

*Please nominate a language if applying LAN211 or LAN311

Commonwealth Support Details

Your Home Institution Use	
Current course of study at home institution <input type="text"/>	
Is the student named above Commonwealth Supported at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please advise year student commenced: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HECS Help <input type="checkbox"/> Fee Help <input type="checkbox"/> Full Fee <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Authorising Officer Title	Authorising Officer Name
Authorising Officer Signature _____	Date ____/____/____

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 |

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)
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: _____

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 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