

## 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.**

**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)

**COURSE DETAILS**

Course code

Course name

Commencing course in TP1  TP2  TP3  TP4

Course mode Internal  Mixed

Campus  Team code

**Emergency Contact – All students must complete**

Contact Name

Contact Phone 1 (including area code)

Contact Phone 2 (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)**

Qualification  Units

**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: