

Uncontrolled when printed

 Ver. 3: 08/01/08
 FM03_02f

APPLICATION FOR STUDY FORM - AUSTRALIAN RESIDENT

Note: This is NOT an enrolment form. Payment is not required with this application. This form will be used by Institute administration and teaching staff to assess and process your application. You will be contacted at a later stage with further information and/or enrolment procedures. Submission of this form does not guarantee a place in a course.

Personal Details				Date: ____/____/____			
Family Name				Given Name			
Mailing Address							
Telephone Home		Work Phone		Mobile Phone			
Email Address				Date of Birth	____/____/____	Gender	M F
Return Completed Application to: Tropical North Qld TAFE, PMB1 Cairns QLD 4870 or Fax: (07) 4042 2622							

Studies Since Leaving School – please attach additional details if insufficient space provided.		
Course or subjects completed	Institution	Year Completed

Employment or other Work Experience		
Occupation	Employer	Dates

Course Applied For – ONE ONLY (please use separate form for alternate/ additional course preferences)			
Level <small>(eg Cert II, III, IV, Diploma)</small>	Course Name: (please be as specific as possible)	Full Time <input type="checkbox"/>	Campus Location
		Part Time <input type="checkbox"/>	

Recognition of Prior Learning		
Are you interested in applying for Recognition of Prior Learning (RPL) for part or all of your course?	Yes: Full <input type="checkbox"/>	No <input type="checkbox"/>
	Part <input type="checkbox"/>	

DECLARATION BY APPLICANT	
I understand that this form does not constitute an enrolment in a particular course or guarantee a place. I certify that the information on this form (and in any supporting documentation) is correct and complete. I authorise the Institute to obtain other details relating to my academic record as required to process this application. I acknowledge that the provision of incorrect information and documentation relating to my application may result in the cancellation of my enrolment.	
Applicant's Signature	Date
Signature of Parent/Guardian (if under 18 years)	Date

Optional Information

(Please take the time to assist us with further information)

Please add me to your contact list for future course updates: Email address: _____

How did you find out about this course? _____

Course Guide Newspaper advertising (which paper) _____ Radio (which station) _____

Career Expo Course Advisor Internet Other _____

What other training courses do you think Tropical North Queensland TAFE should be offering?

I do not wish to receive TNQ TAFE newsletters or promotional materials.

<i>Office Use Only</i>						
Date Received/...../.....	Place Offered	Yes <input type="checkbox"/> No <input type="checkbox"/>/...../20.....	Place Declined	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results Checked	Yes <input type="checkbox"/> No <input type="checkbox"/>/...../20.....	Place Accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>/...../20.....	Advised Unsuccessful	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assessor's Comments						

PRIVACY STATEMENT

Tropical North Queensland TAFE collects the information on this form to record the client's application for courses conducted by Tropical North Queensland TAFE and details for further contact. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.