Zarah Institute of Education Pty Ltd
Student Enrolment Form (Domestic)

Course Information
- FNS40811 Certificate IV in Finance and Mortgage Broking
- FNS40215 Certificate IV in Bookkeeping
- FNS50215 Diploma of Accounting
- FNS60215 Advanced Diploma of Accounting
- 22250VIC Certificate I in EAL (Access)
- 22255VIC Certificate III in EAL (Further Study)
- 087673F English for Academic Purposes 1 (Intermediate)

- FNS50311 Diploma of Finance and Mortgage Broking
- BS840215 Certificate IV in Business
- BS861015 Diploma of Leadership and Management
- BS861015 Advanced Diploma of Leadership and Management
- 22251VIC Certificate II in EAL (Access)
- 22258VIC Certificate IV in EAL (Further Study)
- 087747D English for Academic Purposes 2 (Upper Intermediate)

Start Date (dd/mm/yy): 
End Date (dd/mm/yy):

Personal Details
Title: [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Dr. [ ] Other
Gender: [ ] Male [ ] Female
Family name (as in passport):
Given name(s):
Date of Birth (dd/mm/yy):
Nationality (as per passport):

Contact Details in Australia
Address:
State:
Post Code:
Telephone/ Mobile:
Email:

Emergency Contact Details
Name:
Phone Number:
Address:
Relationship to Applicant:

Visa Information
Are you an Australian citizen? [ ] Yes [ ] No
If not, please specify the visa you are holding.
Visa Type:
Subclass:
Issue Date:
Expiry Date:

Language and Cultural Diversity
In which country were you born? [ ] Australia [ ] Other – Please specify:
Do you speak a language other than English at home? [ ] No [ ] Yes – Please specify:
How well do you speak English? [ ] Very well [ ] Well [ ] Not well [ ] Not at all
Are you of Aboriginal or Torres Strait Islander origin? [ ] No [ ] Yes – Please specify:

Previous Education
Have you done your schooling in Victoria? [ ] Yes [ ] No
If ‘Yes’, please provide your Victoria Student Number (VSN):
Highest Qualification:
Name of Institute:
Completed Year:

Disability
Do you consider yourself to have a disability, impairment or long-term condition? [ ] Yes [ ] No
If ‘Yes’, then please indicate the areas of disability, impairment or long-term condition:
- Hearing/Deaf
- Physical
- Intellectual
- Acquired Brain Impairment
- Mental Illness
- Vision
- Medical Condition
- Other
Employment
Of the following categories, which BEST describes your current employment status?
- Full-time employee
- Part-time employee
- Self-employed
- Employer
- Employed in a family business
- Unemployed - seeking work
- Not employed - not seeking employment

Study Reason
Of the following categories, which BEST describes your main reason for undertaking this course?
- To get a job
- To develop my existing business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- To get into another course of study
- For personal interest or self-development

RPL/Credit Transfer
Are you seeking recognition of prior learning (RPL) or course credit transfer?  
Yes  No
If ‘Yes’, then please contact training manager for further details about the RPL/CT process

Unique Student Identifier (USI)
Have you applied Unique Student Identifier before?  
Yes  No
If ‘Yes’, please write down your USI: 
If ‘No’, you can simply go to http://www.usi.gov.au/ to create your USI.

FOR OFFICE USE ONLY
DATE RECEIVED  D D M M Y Y Y Y
DATE APPROVED  D D M M Y Y Y Y
Approved by: __________________Signature:_________________