



• Short/English Course Enrolment Form
For all non-accredited courses & education

Please complete this form, sign it, attach the completed Payment Sheet & post or deliver to Cultural Immersion.

Is this the first time you have enrolled with Cultural Immersion / Excellence in Education & Training? Yes No

PERSONAL DETAILS

Title: (please tick one box only) MR MISS MRS MS OTHER _____
 Family Name: _____ Given Names: _____ Date of Birth: _____
 Age: _____ Male Female Place of Birth: _____
 Drivers Licence/Student ID Number: _____ Drivers Licence/Student ID Expiry Date: _____
 Other ID Type and Number: _____
 Your School or Place of Work: _____ School Year Level: _____

APPLICANTS ADDRESS

Address: _____ Postcode: _____
 Home Phone: _____ Mobile: _____ Email: _____
 Postal Address: _____ Postcode: _____

SHORT COURSE/ENGLISH SHORT COURSE YOU ARE ENROLLING IN

Course Name: _____ Start Date: _____ Hours per Week: ____ Weeks: ____
 Total Hours of Course: _____ End Date: _____ Venue: _____
 Total Course Cost: _____

EMERGENCY CONTACTS

Please provide us with a name & telephone number of an emergency contact.

Emergency Contact	Name: _____	Relationship to Student: _____
	Phone: _____	Address: _____

OTHER DETAILS

Is English your first language? Yes No If No what is your English Level? _____

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES please indicate by ticking all applicable: Hearing/Deaf Physical Intellectual Learning Mental Illness

Acquired Brain Impairment Vision Medical Condition Other

Please describe any learning supports you may require: _____

HOW DID YOU HEAR / LEARN ABOUT CULTURAL IMMERSION?

Website (please specify) Exhibition/Expo (please specify) Newspaper/Magazine (please specify)
 Education Agent (please specify) Education Counsellor (please specify) Friend or Family (please specify)
 School/Teacher (please specify) Other (please specify) _____

WHO REFERRED YOU TO CULTURAL IMMERSION?

Please provide their name and contact details: _____

APPLICANTS PLEASE READ AND SIGN THE DECLARATION BELOW

STUDENT DECLARATION

- I declare that the information I have written in this form is true and correct. I have read and understood and agree to abide by all terms and conditions.

REFUND POLICY

- If a student withdraws from their non-accredited short course for any reason, he/she will be entitled to a pro-rata refund as follows:
 - If a student withdraws **8 calendar days or more** before course commencement date, **100%** of tuition & resource fees will be refunded and a **\$20 fee applies**.
 - If a student withdraws **less than 8 calendar days** before course commencement date **50%** of tuition and resource fees will be refunded.
 - If a student withdraws **within 8 calendar days** after course has commenced then **25%** of tuition and resources fees will be refunded.
 - If a student withdraws **after the ninth (9th) calendar day** after course has commenced **THEN NO REFUNDS WILL BE ISSUED**.
 - NO REFUNDS WILL BE ISSUED** if a student is expelled by Cultural Immersion as a consequence of committing a criminal offence, or a serious breach of discipline, or breach of code of conduct.

I declare that I have read, understood and agree to the above conditions of enrolment, attendance and I agree with the refund policy detailed above.

- I accept that Cultural Immersion reserves the right to vary course structure and timetables at short notice if necessary.
- I do / do not give permission for photos or video footage taken during lessons, excursions and activities of me / my son or daughter (if student is under 18) to be used for Cultural Immersion promotions such as newsletters, photo display boards, its web sites or other publications. I understand that Cultural Immersion will not sell or distribute photos or video footage to a third party.

STUDENT NAME _____

STUDENT SIGNATURE _____ DATE: ____ / ____ / _____

PARENT'S/LEGAL GUARDIAN'S PLEASE WRITE NAME AND SIGN BELOW (if student is under 18 years of age)

Name: _____ Signature: _____ Date: _____

PLEASE SEND ORIGINAL COMPLETED FORMS: Deliver in person to: Level 7 East Wing, 50 Grenfell Street, Adelaide, South Australia.
OR Mail to: Registrar, Cultural Immersion, PO Box 3485, Rundle Mall, 5000, SA, Australia.

THANK YOU FOR CHOOSING TO STUDY WITH C.I. EXCELLENCE IN EDUCATION & TRAINING

Administration Use Only

Receiving Officer: _____ Date Received: _____

Processed By: _____ Date: _____

Notes: _____
