

## Application for Short Courses Admission

### Personal Details

First name: \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms/Dr  
 Surname: \_\_\_\_\_ Middle name/s: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_  
 Suburb/ Post Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Unique Student Identifier (USI), if known: \_\_\_\_\_  
 Emergency Contact name and number: \_\_\_\_\_  
 Driver's license/Passport number: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

### Previous Studies, Credit Transfer and Recognition of Prior Learning

Please list any courses completed including short courses:

Provider \_\_\_\_\_ Course code and name \_\_\_\_\_  
 Provider \_\_\_\_\_ Course code and name \_\_\_\_\_

Please provide details of your highest qualification:  Year 12  Undergraduate degree  Post-graduate qualification

Provider \_\_\_\_\_ Qualification \_\_\_\_\_ Year \_\_\_\_\_

Are you seeking Credit Transfer (CT) or Recognition of Prior Learning (RPL) for your previous studies?  Yes  No

If yes, please note there is a cost associated with CT/RPL application and assessment. Please contact ASG or SSBT for details.

### English Proficiency

Is English your first language?  Yes  No

If no, have you completed a formal English language test in the last two years?  Yes  No

If yes, please complete below:

Test: \_\_\_\_\_ Score: \_\_\_\_\_ Date: / /

Have you studied an accredited English language course in Australia?  Yes  No If yes, please complete below:

Provider \_\_\_\_\_ Course \_\_\_\_\_ Exit level \_\_\_\_\_

Have you completed SSBT's English Language Assessment Test?  Yes  No If yes, please complete below:

Which test did you take?  Online  Paper-based \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select which course/s you are applying for: Start Date:**

- |  |                                   |                                   |                                   |
|--|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> HLTAID003 Provide first aid   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> HLTAID004 Provide an emergency first aid response in an education and care setting  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> CPCCWHS1001 Prepare to work safely in the construction industry ( <i>White Card</i> )   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> CHCPRT001 Identify and respond to children and young people at risk   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> SITXFSA002 Participate in safe food handling practices  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> SITHFAB002 Provide responsible service of alcohol   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Barista Basic   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Barista Accredited Course   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> SITXFSA001 Use hygienic practices for food safety *   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> SITHFAB005 Prepare and serve espresso coffee * <b>Pre</b>   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <ul style="list-style-type: none"> <li>✚ <i>Units included in the Tax Practitioners Board approved course in Australian taxation law:</i> <ul style="list-style-type: none"> <li>○ <i>FNSSS00008 Taxation law for tax agents Skill Set (Tax documentation) - FNSACC502 and FNSACC601</i></li> <li>○ <i>FNSSS00009 Taxation law for tax agents Skill Set (Tax plans) - FNSACC502 and FNSACC603</i></li> </ul> </li> </ul> |                                   |                                   |                                   |
| <input type="checkbox"/> FNSACC502 Prepare tax documentation for individuals **  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> FNSACC601 Prepare and administer tax documentation for legal entities ** <b>Pre</b>   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> FNSACC603 Implement tax plans and evaluate tax compliance ** <b>Pre</b>   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <ul style="list-style-type: none"> <li>✚ <i>Units included in the Tax Practitioners Board approved course in commercial law:</i> <ul style="list-style-type: none"> <li>○ <i>FNSSS00005 Commercial law for tax agents Skill Set</i></li> </ul> </li> </ul>   |                                   |                                   |                                   |
| <input type="checkbox"/> FNSTPB503 Apply legal principles in consumer and contract law   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> FNSTPB504 Apply legal principles in corporations and trusts law   | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> FNSTPB505 Apply legal principles in property law  | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |

**# Please note that above choice of shifts will depend on availability!**

**Intake:**  Jan  Feb  Mar  Apr  May  Jul  Aug  Oct  Nov  Dec **Year:**

**Enrolment Procedures**

- Step 1 Complete & sign this form, attach a copy of your Driver's license, Green Medicare, evidence of English, relevant documents for your study
- Step 2 Arrange your payment by bank transfer or credit card (Visa or MasterCard) then send your payment receipt to SSBT or ASG.
- Step 3 Email your completed application and payment evidence to info@ssbt.nsw.edu.au
- Step 4 Confirmation of enrolment will be sent to you prior to your course commencement.

**Student or Legal guardian Declaration (If Student is under 18)**

**In signing this Enrolment Form you agree:**

- ✓ That the information you have provided on this form is true, correct and complete.
- ✓ That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- ✓ That you have read and understood SSBT or ASG's Information Privacy Policy.
- ✓ That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
- ✓ To provide SSBT or ASG with up to date and accurate contact details and notify them if anything changes.
- ✓ To be bound by SSBT or ASG's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.

**CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION**

- ✓ My Personal Information may also be disclosed to other third parties if required by law.
- ✓ I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

Name \_\_\_\_\_  
Signature \_\_\_\_\_ X \_\_\_\_\_

Date

**OFFICE USE ONLY**

**Staff Declaration**

I have assessed that applicant adhere to the requirements of either/and English proficiency, required knowledge, ID requirements

Staff member name \_\_\_\_\_  
Signature \_\_\_\_\_ X \_\_\_\_\_

Date