

DOMESTIC STUDENT ENROLMENT APPLICATION

1. STUDENT DETAILS				
Title: Mr / Mrs / Ms / Miss <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Date of Birth	/ /
Surname:		Given Names:		
Home Phone:		Mobile:		
Residential Address:		Suburb		Postcode:
Postal Address:		Suburb		Postcode:
Email Address:				
Preferred contact:	<input type="checkbox"/> Email <input type="checkbox"/> Phone			
ID No:		Expiry date:	/ /	
Issuing authority:				
2. TRAINING PROGRAM DETAILS refer to Course guide or www.culinaryadelaide.sa.edu.au for more details				
Code	Qualification	CRICOS	Duration weeks	Select
SITSS00069	Food safety supervision skill set	--N/A--	4	
SIT20421	Certificate II Cookery	109929A	24	
SIT30821	Certificate III in Commercial Cookery	109918D	52	
SIT40521	Certificate IV in Kitchen Management	109618E	30	
SIT50422	Diploma of Hospitality Management	113200H	30	

3. UNIQUE STUDENT IDENTIFIER (USI)

USI No: _____ (10 digits in total)

If you do not have a USI do you give Adelaide Culinary Institute (ACI) permission to apply for one on your behalf? ☐ Yes ☐ No

4. DISABILITY

Do you have a disability? ☐ Yes ☐ No

Please state your disability, impairment or injury. ☐ Hearing ☐ Intellectual ☐ Physical
☐ Learning ☐ Mental Illness ☐ Acquired

5. PRIOR EDUCATION

What is your highest level of school completed? ☐ Primary School ☐ Senior High School
☐ High School ☐ Other

In which year did you complete school? _____

Have you successfully completed any of the following qualifications? ☐ Yes ☐ No

- | | |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III or Trade Certificate |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma or Associate Diploma | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV or Advance Certificate | <input type="checkbox"/> Certificates - other |

Do you wish to apply for Recognition of Prior Learning or Credit Transfer? ☐ Yes ☐ No

Do you have any special needs that we should plan support for? ☐ Yes ☐ No

If yes, please provide some details:

6. REASON FOR STUDY

- | | |
|--|--|
| <input type="checkbox"/> To get a job or better job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> Other |

7. EMERGENCY CONTACT

Name:		Relationship:	
Home Phone:		Mobile:	

8. MARKETING AND IMAGES

How did you hear about us?	<input type="checkbox"/> Existing Student <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> Website <input type="checkbox"/> Social Media
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ACI may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.

☐ I do not wish to be contacted regarding future training opportunities.

During training, photos or footage may be taken of you. Do you give ACI permission to use these photos or footage for such things as improving training resources, promotional documents and reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. STUDENT DECLARATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed ACI [policies and procedures](#), [Learner Handbook](#) and [learning support](#) materials supplied to me and have been informed about and accept my rights and obligations.
- I have reviewed and accept the Schedule of Fees and Payments and have been informed of the [refund policy](#).
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.
- I understand that ACI may refuse my application or cancel my enrolment if any information is found to be incorrect or misleading.
- By submitting this form, I agree that ACI will independently verify the information supplied by me in this form and request further information or documentation as required.
- I authorise my booking agent to act on my behalf in all matters relating to this application and associated visa application.

Please submit your application via email. You will receive a response within two business days. Please not that ACI may request additional information from you in support of your application.

