

# STUDENT ENROLMENT APPLICATION Page 1

## STUDENT DETAILS

Name: Mr/Mrs/Ms/Other.....

Address: .....

..... Date of Birth: .....

Phone: Home ..... Other contact: .....

Email: .....

*I am aware that this course has a Christian ethos and have read the mission statement of the college. I also agree not to consume any alcohol or illicit drugs during my studies blocks or during travel to and from my place of residence.*

*(Please tick box to agree)*

Are you Aboriginal or Torres Strait Islander? YES / NO (if no you are unable to participate as this is a Abstudy Approved course only).

Please state which course you are wishing to apply for:

Course Title.....

My signature: ..... Date: .....

**Community Organisation DETAILS** Each student must be supported by a local organisation

WE, (name of local organisation) .....  
promise to give this person support and on-going encouragement, and we agree to have regular reviews with the College regarding student progress while studying at WBBC.

Support Person/Referee/Sponsor signature: .....

Print name: ..... Phone: .....

Position/Role: ..... Date: .....

Email: ..... Mobile: .....

Due to any medical emergency please list your Next of Kin: .....

Phone: ..... email: .....

NOTE: The Referee will be contacted for further information.

Completed Application to be forwarded to:

Wontup-Bi-Buya College - Administration Section

Po Box 960N

North Cairns Qld 4870

Email: mail@wontup.qld.edu.au Ph: (07) 4041 4896 Fax: (07) 4041 4897

# STUDENT ENROLMENT INFORMATION Page 2

1. Do you consider yourself to have a disability?  
(Tick one box)

If yes then tick any applicable boxes then please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Visual/Sight/Seeing	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Chronic Illness	<input type="checkbox"/>
Other	<input type="checkbox"/>

2. What is your highest COMPLETED school level? (tick one box)

Year 12	<input type="checkbox"/>
Year 11	<input type="checkbox"/>
Year 10	<input type="checkbox"/>
Year 9 or lower	<input type="checkbox"/>

3. In which YEAR did you complete that school level?

4. What is your Unique Student Identification number \_\_\_\_\_  
(If you do not have a USI number, we will assist you in applying for one, as this is a requirement with all current and future studies)

5. Since leaving school, have you COMPLETED any qualifications? (Tick one box)  
If yes then tick any applicable boxes then please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Trade Certificate	<input type="checkbox"/>
Advanced/Technician Certificate	<input type="checkbox"/>
Certificate other than above	<input type="checkbox"/>
Associate Diploma	<input type="checkbox"/>
Undergraduate Diploma	<input type="checkbox"/>
Degree or Post-Graduate Diploma	<input type="checkbox"/>

6. Of the following categories, which BEST describes your current employment status?  
Please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ENTER ONE CODE

Full-time Employee	(01)	<input type="checkbox"/>
Part-time Employee	(02)	<input type="checkbox"/>
Self-employed – not employing others	(03)	<input type="checkbox"/>
Employer	(04)	<input type="checkbox"/>
Employed-unpaid family worker	(05)	<input type="checkbox"/>
Unemployed-seeking full-time work	(06)	<input type="checkbox"/>
Unemployed-seeking part-time work	(07)	<input type="checkbox"/>
Not employed-not seeking employment	(08)	<input type="checkbox"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Note: This enrolment form is subject to the approval of the Principal.**