



Enrolment Form

Personal Details (legal name as shown on passport or driver's licence)	
Surname:	USI Number:
Given Names (First and middle names as shown on passport or driver's licence):	Preferred Name:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ___ / ___ / ___ (Day/Month/Year)
Permanent Residential Address:	
State:	Postcode:
Postal Address (if different from above):	
State:	Postcode:
Home Phone:	Work Phone:
Mobile Phone:	Fax:
Email:	
Skype:	
*DL State or ID type:	ID Number:
ID Expiry:	Scanned Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
*City or Town of Birth:	
Course of Study and Commencement Date	
Course:	Date:
Reason for doing course:	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement for my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other: _____ _____
Vocational Education Information	
Country of Birth:	Nationality:
Are you of Aboriginal or Torres Strait Islander decent? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which?	
Language spoken at home:	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Do you require language or literacy assistance?	
Special Needs	
Do you have a disability, impairment or long term medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate impairment: <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Other	
<input type="checkbox"/> If other, please specify: (you may be asked to provide evidence)	
If yes, would you like to receive advice on support services and facilities that may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Please note, a Unique Student Identifier (USI) number is mandatory and is required before you are able to enrol or complete your course. **Please see below for more details.**

Please fill this form out as completely as possible, including your ID information and City/Town of Birth.

Please attach a scanned copy of your ID.



Enrolment Form

Educational History	
Currently attending Secondary School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest School Year Level Achieved:	Year in which completed:
Prior Educational Achievements: <input type="checkbox"/> No <input type="checkbox"/> Yes, I have completed the following education after secondary school (please specify)	
<input type="checkbox"/> Certificate II in _____ <input type="checkbox"/> Certificate III in _____ <input type="checkbox"/> Certificate IV in _____ <input type="checkbox"/> Diploma in _____ <input type="checkbox"/> University qualification (Bachelor, Graduate Diploma, Masters etc.)	
Employment Status	
<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part time Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed – Seeking full-time work <input type="checkbox"/> Unemployed – Seeking Part – Time Work <input type="checkbox"/> Unemployed – Not Seeking Employment <input type="checkbox"/> Other (please specify)	
Employer Details:	
How did you hear about us?	
<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Attended event/Expo/Seminar	<input type="checkbox"/> Recommended by Family/Friend/word of mouth <input type="checkbox"/> Internet <input type="checkbox"/> Direct Enquiry <input type="checkbox"/> Other
Deposit	
Our courses require a \$300.00 deposit to secure your place and complete your enrolment. You can put your card details here and we will bill the card when we enrol you in the course. Alternatively, you can come into the shop and pay upon enrolment.	
Card Number: _____ Expiry Date: _____	
CCV Number (3 Digits on the back): _____	
Signature of the Card Holder: _____	
Declaration and Signature	
If I am accepted as a student of Flowers to Impress, I agree to abide by the regulations as defined in the student handbook. I do / do not agree for Flowers to Impress to use my photo or photos of my student work in newspaper articles, web sites, or Social Media pages.	
Applicant's Signature: _____ Date: _____	



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Photographic/Web Site Permission

I _____ give permission for Flowers to Impress School of Floristry to use my:

- Name
- Image/Photograph

In publications and advertisements produced by Flowers to Impress School of Floristry for the duration of the course I have enrolled in. I understand that these publications will also be placed on web sites managed by Flowers to Impress for public relations and advertising purposes.

* No address, email, or telephone numbers will be released or published. If you choose not to have your details used, this **will not** affect your enrolment.

Signature: _____ Date: _____

**As of January 1, 2015 the government requires all RTO's to ensure that every learner has a Unique Student Identifier (USI) number before certificates, statements of attainment and statements of results can be issued.*

Flowers to Impress School of Floristry can create one on your behalf at no charge and you will receive confirmation via email for your records.

Alternatively, if you would like to create your USI yourself, you can go to www.usi.gov.au and follow the steps to create your USI number. Once you have done so, please email us here at Flowers to Impress School of Floristry so we can add this to your student record. Thank you.

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National Provider Number: 32420