



Enrolment Form – Short Course

Personal Details (legal name as shown on passport or driver's license)	
Surname:	
Given Names:	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:	
Short Course of Study and Commencement Date	
Short Course:	Date:
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:	
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:	



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Employment Status

- Full-time Employee
- Part time Employee
- Self-Employed
- Unemployed – Seeking full-time work
- Unemployed – Seeking Part – Time Work
- Unemployed – Not Seeking Employment
- Other (please specify)

How did you hear about us?

- Radio
- Newspaper/Magazine
- Attended event/Expo/Seminar
- Recommended by Family/Friend/word of mouth
- Internet
- Direct Enquiry
- Other

Deposit

Our short courses require a \$50.00 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: _____

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 photos used, this **will not** affect your enrolment.