



Queensland

National Provider Code 30755
ABN 89 088 261 821

PO Box 71
Scarborough QLD 4020
Phone 07 3203 5364
FAX 07 3203 7174
Email admin@abraql.com.au
WEB www.abraqld.com.au

Course Enrolment Form

Personal Details

All fields are **MANDATORY** with **two(2)** exceptions:

Learner Unique Identifier - is only applicable to certain students. If you do not have a LUI you do not have to fill this field OR you can write N/A (not applicable)

Phone Numbers - Not all numbers will apply although we do require at least one(1) contact number

Title:	First Name:	Surname:	
Date of Birth: ____/____/____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Street No:	Street Name:		
Suburb:	State:	Postcode:	
Work: ()	Phone: ()	Mobile:	
Email Address:		Learner Unique Identifier:	
Country of Birth:		Language Spoken at Home:	
Proficiency of English:		Attending Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest level of Schooling completed:		Year completed:	
Indigenous Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander			
Have you completed any prior education: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details:			
Do you have a disability that may affect your learning? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details:			

Submission of your completed enrolment form confirms that you have read our student handbook and accept the terms and conditions therein.

Please indicate the course and training method you wish to undertake by completing the form below and ticking the appropriate box.

Course Code	Course Title	Classroom	Distance Self-Paced	RPL
Business				
BSB20107	Certificate II in Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB40507	Certificate IV in Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB40107	Certificate IV in Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSB50407	Diploma of Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail				
SIR10107	Certificate I in Retail Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIR40207	Certificate IV in Retail Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Services				
CHC30208	Certificate III in Aged Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC30708	Certificate III in Children's Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC30108	Certificate III in Community Services Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC30408	Certificate III in Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC30308	Certificate III in Home & Community Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC40108	Certificate IV in Aged Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC40308	Certificate IV in Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC42008	Certificate IV in Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC40208	Certificate IV in Home and Community Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC41808	Certificate IV in Youth Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC50908	Diploma of Children's Services (Early childhood education and care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHC52208	Diploma of Community Services Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector				
PSP20104	Certificate II in Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language, Literacy and Numeracy				
30883QLD	Course in Applied Core Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Options

Course Fee \$ _____

EFT: - Account Name: MWTC Pty Ltd

Bank: Commonwealth Bank

BSB: 064-122

Account Number: 1020 9081

Please reference: YOUR FULL NAME (this is a MUST so we can identify your particular payment)

Bank or Personal Cheque – Please make payable to ABRA QLD (enrolment won't be processed until cheque clears)

Credit/Debit Card Payment

Credit/Debit Card Authorisation

I/We, _____, authorise ABRA QLD to debit

\$ _____ from the following credit/debit card for the purpose of enrolling into training

Card details: VISA MasterCard (please tick one)

Card Number _____ Expiry date _____ CVV: _____

Card holders' Name _____ Signature: _____

Students Name (if different to card holders name) _____