



THE SUNSHINE COAST  
**BUSINESS  
ACADEMY**

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## REGISTRATION FORM

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### Student Details

Mr/Mrs/Ms/Miss First/Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Study:  External

### Course of Study:

Certificate III in Business - BSB30101

Diploma of Business - BSB50101

Certificate IV in Business - BSB40101

Certificate III in Business Admin - BSB30201

Certificate IV in Business Administration - BSB40201

Diploma of Business Administration - BSB50201

Certificate IV in Business (Small Business Management) - BSB40401  Diploma of Business (Frontline Management) - BSB51004

Certificate IV in Business (Human Resource Management) - BSB40801  Other Individual Short Courses:

Certificate IV in Business (Frontline Management) - BSB41001 \_\_\_\_\_

\_\_\_\_\_

Training Commencement Date: \_\_\_\_\_

### Current Status

Employment status:

Full time employee

Part time employee

Self employed

Employer

Unemployed – seeking full time employment

Unemployed – seeking part time employment

Not Employed – not seeking employment

Since leaving school, have you COMPLETED any qualifications?

Yes

No

If YES, then tick ANY applicable boxes...

Certificate level I

Certificate level II

Certificate level III

Certificate level IV

Certificate level V

Certificate level VI

Trade Certificate

Advanced/Technician

Associate Diploma

Undergraduate Diploma

Degree or Postgraduate Diploma

Other Certificate

Country of Birth: \_\_\_\_\_

## Additional Details

Are you of Aboriginal and/or Torres Strait Islander Origin?  Yes  No

If yes: Are you Aboriginal?  Yes  
 Are you of Torres Strait Island origin?  Yes

Tick 'Yes' to both if applicable

Sex:  MALE  FEMALE Date of Birth: \_\_\_\_\_

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No  
 If YES, then tick ANY applicable boxes

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical        | <input type="checkbox"/> Intellectual              |
| <input type="checkbox"/> Learning     | <input type="checkbox"/> Mental Illness  | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Vision/Sight | <input type="checkbox"/> Medical Illness | <input type="checkbox"/> Other                     |

**Study Reason -**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> To start a different career | <input type="checkbox"/> For interest or personal development |
| <input type="checkbox"/> To start/develop my own business | <input type="checkbox"/> Extra Skills                | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> To get a promotion               | <input type="checkbox"/> To get into another course  |   |

**AGREEMENT:**

I understand that Full Tuition Fees are payable on the date of commencement of studies and that no refund of fees will be made after final course position acceptance and commencement of studies (unless prior arrangements are made) notwithstanding earlier completion of studies, or permanent departure from *The Sunshine Coast Business Academy*. I am aware of the 'Fees paid in advanced' policy, and that I have access to my assessment records/results upon request. \*Registration can only be effective if this form is completed in full and accompanied by a non-refundable deposit of \$200-00, plus the full amount of the Book Fee as noted in the Course Information. It is hereby acknowledged and confirmed that I have received a copy of the Student Handbook and understand all conditions and content.

**CERTIFICATION:**

I hereby certify that all of the above information is true and current to the best of my knowledge. If accepted, I agree to abide by all rules and regulations of *The Sunshine Coast Business Academy*.

Student's Signature   
 Signature of Parent/Guardian

Date   
 Date

The College reserves the right to change the fees and Curricula without notice.

**FOR OFFICE USE ONLY**

Reg. Fee - \$ _____	Date Paid _____ <small>eftpos/credit/cheque/cash</small>		
Tuition Fee - \$ _____	Payment 1 \$ _____	Payment 2 \$ _____	Payment 3 \$ _____
	Date Paid _____ <small>eftpos/credit/cheque/cash</small>	Date Paid _____ <small>eftpos/credit/cheque/cash</small>	Date Paid _____ <small>eftpos/credit/cheque/cash</small>
Book Fee - \$ _____	Date Paid _____ <small>eftpos/credit/cheque/cash</small>		