

# STUDENT ENROLMENT FORM

This form is to be completed in full by all new and continuing students

Use BLOCK LETTERS

Return to Dantek Training with a copy of one of the following forms of photo identification:  
Drivers' Licence, 18+ Card, Australian Passport

**Dantek Training**  
CSTC Pty Ltd Registered Training Organisation (RTO) National Code: 0699

**Refer to RTO personnel or website for post / email / fax details to return this form**

## 1. ENROLMENT DETAILS

**Student status** (Tick one only)  I am a new student  I am a continuing student

**Unique Student Identifier (USI)**  Dantek (CSTC Pty Ltd) may apply for a USI on my behalf.  
I have read the Student Handbook Privacy Notice with regards to the application for a USI.

**Which of the following best describes your main reason for undertaking this course / traineeship / apprenticeship?** (Tick one only)

- |   |   |  |  |   |
|---|---|--|--|---|
| <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"/> To get a better job or promotion |
| <input type="checkbox"/> It was a requirement of 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"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                    |

## 2. STUDENT DETAILS

**Title (Mr/Mrs)**  **Given name**  **Middle name**

**Date of birth**  **Surname**  **Preferred name**

## 3. CONTACT DETAILS

**Work phone number**  **Mobile phone number**  **Home phone number**

**Email address**

**Usual residential address**

**Building name**  **Unit details**

**Street number**  **Street name**

**City/Suburb**  **State**  **Post code**  **Country**

**Postal address**  Tick if same as residential address

**Building name**  **Unit details**

**PO Box**  **Street number**  **Street name**

**City/Suburb**  **State**  **Post code**  **Country**

**Emergency contact details**

**Contact name**

**Relationship to student**  **Contact's phone number**

## 4. STUDENT BACKGROUND

**Gender** (Tick one only)  Male  Female  Indeterminate / Intersex / Unspecified

**Country of birth**  **City of birth**

**Aboriginal or Torres Strait Islander origin** (Tick all that apply)  No  Aboriginal  Torres Strait Islander



**12. PAYMENT**

Person to be invoiced for this course  Student  Employer (Provide details below)  Other (Provide details below)

Name  Phone number

Email address

Building name  Unit details

PO Box  Street number  Street name

City/Suburb  State  Post code  Country

Payment to be made via one of the following methods  
 Direct deposit (Contact Dantek for details)  
 Cash or money order (Contact Dantek for details)  
 Credit card (Complete details below)

Card type  MasterCard  Visa Card number

Card holder name  Expiry date  mm  yy

Card holder signature  Amount