

QUEST COLLEGE - BUSINESS STUDENT ENROLMENT FORM

PERSONAL DETAILS

Family Name		Given Name/s	
<i>(Note: your results/awards will be issued in the name recorded above)</i>			
Residential Address			
Postal Address <i>(please state "as above" if same)</i>			
Daytime telephone contact no/mobile		Evening telephone contact no.	
Email Address		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Emergency Contact (Name/Phone)		Date of Birth	
Is English language assistance required?		Do you have a disability, impairment or long term medical condition which may affect your studies?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you hear about QUEST College? (Please circle)

Advertising/Newspaper/Television/Other _____ / Referred by: _____

PREVIOUS TRAINING/EDUCATION

Please detail most recent & relevant education/qualifications obtained (use reverse side of this form if necessary)

WORK HISTORY & CURRENT LABOUR FORCE STATUS

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MODULES SELECTED FOR THIS SEMESTER/STUDY PERIOD

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PAYMENT DETAILS

A nonrefundable enrolment fee of \$50.00 is required by the specified date each semester. The remainder of the monies is to be paid by the required date. Student cancellations before commencement of the course will receive a full refund of other monies paid less 10% for administration costs. Cancellation after attending the first lecture results in forfeiting the right to a refund. QUEST College may need to cancel proposed courses and in this event QUEST College will refund fees paid directly in relation to the course cancelled by QUEST College. Consideration will be given for medical or humanitarian grounds.

I agree to all assessments becoming the property of Quest College to be used in any way necessary with anonymity.

PAYMENT

Deposit paid Amount paid _____ Date _____ Balance Owing _____

I agree to abide by the rules, regulations, policies and financial policies of QUEST College.

I confirm the accuracy of the information provided.

Student's Signature _____

Date ____/____/____

Print Name _____

Guardian's Signature _____

(If student under 18 years)

Print Name _____

Office Use:
