



RTO No: 88159

Ph: +61 2 6262 2964
1300 104 556
Fax: +61 2 6169 3168
rto@dl.edu.au

Enrolment form

Date:

Course or program (for example name of course, unit or traineeship)		
First Name:	Last Name:	
Full name for Certificate:	Date of Birth:	
**Email Address:	Home Phone:	
Street Address:	Suburb:	
State:	Postcode:	Country:
Work Phone:	Mobile Phone:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

** You must provide an email address.

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(Confidential)

What is your country of birth?	What language do you speak at home?
Are you still attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year did you leave school?
Are you of Aboriginal and/or Torres Strait Islander origin? Yes/No	
What is your Australian citizenship/residency status?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident If you are on a visa, please state the type of visa:
What is your current employment status?	<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employed–unpaid worker in family business <input type="checkbox"/> Unemployed –Not seeking employment <input type="checkbox"/> Unemployed–Seeking employment <input type="checkbox"/> Volunteer
What is the highest tertiary qualification you have completed?	<input type="checkbox"/> Certificate 1 <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced certificate/Technician) <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma (or Associate Degree)
What year did you complete your last qualification:	
Do you consider yourself to have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Medical condition <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Physical <input type="checkbox"/> Other

Do you have any requests or comments?

Consent to Release of Information: I certify that the above information is correct and give DLA permission to release the results of my course to other RTO's so that they can recognise this qualification across Australia.

I agree to email notification of course updates from Distance Learning Australia. (Please indicate No if you don't agree) _____

Signed: _____ **Date:** _____

www.dla.edu.au Email rto@dl.edu.au

POSTAL ADDRESS: PO Box 6295 O'Connor ACT 2602
PHYSICAL ADDRESS: Suite 108A Technology Park
49 Phillip Avenue Watson ACT 2602

PHONE: (02) 6262 2964 1300 104 556
International +61 2 6262 2964
FAX: (02) 6169 3168 International +61 2 6169 3168

Course Payment Form

Thank you for enrolling in a course with Distance Learning Australia.

Payment form: Credit Card Payment

Customer details

Credit card details Visa or Mastercard

Credit card holder name _____

Credit card number _____

Email _____ Credit card expiry ____/____

Postcode _____

Payment – Are you paying upfront, per month or per week?

Upfront \$ _____

Per Month \$ _____

Per week \$ _____

Signature:

Date:

If you are paying by credit card, including on a payment plan, by signing this form you are authorising Distance Learning Australia to deduct regular payments for the term of the plan.

Thank you for your enrolment

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