







APRETC | GWO | BTT | BST | BSTR

VET (TAFE) Enrolment Form

If sending by mail, please mark 'Attention APRETC Program' POST PO Box 663 Ballarat VIC 3353 Australia

EMAIL apretc@federation.edu.au | WEB federation.edu.au

CALL (03) 5327 8071 or 1800 FED UNI | ABN 51 818 692 256

Federation St	udent ID No. (if known) Unique Student	: Identifier (US	SI) (if known)	Winda No. (mandatory)		
Personal Details Note:						
First name				Please write the EXACT name that you		
Other name/s				used when you applied for your Unique Student Identifier (USI) including any middle names.		
Family name				mudic names.		
Title	Mr Mrs Miss Dr Other (please specify):					
Date of birth	D D M M Y Y Y Gender					
Country of birth Australia Other (please specify):						
Are you Aboriginal or Torres Strait Islander origin?						
O No O Yes,	Aboriginal Yes, Torres Strait Islander Yes, both	es Strait Islander	All questions must be answered for the			
Citizenship/ Residency Status	Australian Citizen Permanent Non-Humanitarian New Zealand Citizen Overseas Resident	_	Humanitarian Visa Entry Permit	enrolment to be processed. Please print in block letters using a blue or black pen.		
Address Details						
Address				Please provide the physical address of where you usually live – street number and name not post office box.		
0.1.1.7	0.1.7.7.	D. J.		Do not provide any temporary address at which you reside for training, work or other		
Suburb/Town State/Territory Post code				purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property		
Mailing address (if different from above)						
Address	addressing' or 'numbering' system as your residential street address.					
Suburb/Town	State/Territory	Post co	ode			
Phone (preferred)				You MUST provide at least one phone number		
Phone (other)				You MUST provide the email address you		
Email				check most regularly.		
Employer name						
				Student HQ Data Entry Record		
Select your co			Fee	Student's data entered		
Basic Safety	•	4 Days	\$2,455.49	O D D M M Y Y Y Y		
	Training Refresher	3 Days	\$1,808.00	TEO		
Basic Tech Tr	aining	5 Days	\$3,496.00	Enrolment data entered		
		Total \$		YES DD, MM, Y Y Y Y		
Warning – Uncontrolle	Student HQ Staff Signature					

Original Issue:

Review Date:

Current Version: 02/02/2024

02/02/2024

01/01/2025

Manager, Student Administration

Authorised by:

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Payment	details				
O Visa	Mastercard				
Purchase	e Order (Payable to Federation University Australia and attached to application)				
Invoice addr	essed to: (Payment will be receipted in this name) Student Business/Third Party				
Card number					
Name on car	d:				
Expiry Date:	DD/MM/YYYY Amount AUD \$:				
Cardholders Signature:	Must be signed by cardholder				
Contact phor	ne:				
Short cou	rse terms and conditions				
Payment Full course fees are payable at the time of enrolment. If the tax invoice and receipt is to be addressed to a business/ third party, please indicate above.					
Cancellations Cancellations notified less than 48 hours prior to the course commencement date will NOT be refunded.					
 General FedUni reserves the right to cancel or reschedule any course that does not have sufficient enrolment numbers or in the event of unforeseen circumstances. A refund or an alternate date and time will be offered. Please include your Medical Declaration and Indemnity Form with this application. 					
I accept the above terms and conditions and authorise Federation University to release my results to Winda					
Signature	Date D D / M M / Y Y Y				
Authorise	ed RTO delegate: Funding Code: F				
Name					
Position					
Signature	Date D D M M , Y Y Y				

Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website.

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