



Enrolment Form

- Cert II Sport (Coaching) SIS20510
- Cert III Sport (Coaching) SIS30710
- Cert IV Sport (Coaching) SIS40510
- Sport (Coaching) Bridging Program (Cert II (RPL) & III)
- Sport (Coaching) Bridging Program (Cert III (RPL) & IV)
- Cert III Fitness SIS30310
- Cert IV Fitness SIS40210
- Cert II Security PRS20103
- Cert III Security PRS30103
- First Aid HLTFA301B

Student Details *Fill in your name, address and contact details*

First Name _____ Initial _____ Surname _____

Title Mr Mrs Miss Gender M F Date of Birth ____ / ____ / ____

Address _____

City _____

State / Province _____ Postcode / Zip _____ Country _____

Phone (home) _____ (business) _____ (mobile) _____

Email _____

Are you a permanent Australian resident? Yes No (please provide a certified copy of your visa)

I will require an AUSTUDY Confirmation of Enrolment

Location *Fill in details of the relevant **Kenshusei Partner Organization** if applicable OR if studying a Sport Coaching qualification independently please include details of your **current martial arts instructor** (if you run your own school, please provide those details instead)*

Organization Name: _____ Location: _____

Phone: _____ Email: _____ Contact Person: _____

Education

Which of the following best describes your secondary education status?

Are you still attending School? Yes No

What is your highest completed level of secondary schooling? And what year was this completed _____?

Year 8 or lower Year 9 Year 10 Year 11 Year 12 Did not go to school

Further Education: Since leaving school, have you completed any other qualifications (tick ALL that apply)?

Certificate II Diploma

Certificate III Advanced Diploma of Associate

Certificate IV Bachelor Degree

Other _____

Language & Cultural Diversity

Were you born in Australia? Yes No → please specify _____

Do you speak a language other than English at home? No Yes → please specify _____

How well do you speak English? Very Well Well Not Well Not at All

Are you of Aboriginal or Torres Strait Islander origin? No Yes Aboriginal Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition? No Yes ↓

Hearing / Deaf / Physical / Intellectual / Mental Illness / Acquired Brain Injury / Vision / Medical Condition / Other

Employment *Which of the following best describes your current employment status*

- | | | |
|---|---|--|
| <input type="checkbox"/> Full Time employee | <input type="checkbox"/> Unpaid family worker | <input type="checkbox"/> Unemployed – seeking part time employment |
| <input type="checkbox"/> Part Time employee | <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed – seeking full time employment |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Currently studying | <input type="checkbox"/> Unemployed – not seeking employment |

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only)

- | | | |
|---|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> For self-development | <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> For personal interest | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> It was a requirement for my job |
| <input type="checkbox"/> To get a qualification | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> Other reasons |

Declaration:

I have read & I understand the Student Information Booklet;

I acknowledge that I have been made aware of and understand:

- What a Registered Training Organization is
- The Kenshusei Student charter
- The Assessment Process and Evidence Required
- Recognition of Current Competencies
- The Complaints Procedure
- Fees & Charges including Tuition Fees and The Refund Policy
- The Issuing of Certificates
- Failure to Attend Scheduled Classes

I declare that to the best of my knowledge and belief, the information contained on this form is correct and complete. I hereby agree to be bound by the Rules and Regulations of the International College of Kenshusei. I authorize the International College of Kenshusei to release information to the Office of Training and Tertiary Education at their request.

I have completed and included The Language Literacy & Numeracy Test with this enrolment form

Applicant's signature _____ Date ____ / ____ / ____

** Please ensure all fields are completed on this form to prevent unnecessary delays in processing your application*

Payment Details

Total Course Cost \$ _____

I would like to pay by a installments: \$250 deposit required on enrolment and the balance via 5 repayments to be paid monthly

Payment Method: Cash / Cheque / Invoice / Direct Debit / Credit :

Card Type: _____

Card No: CNN: (last 3 digits of the six digits on back of card)

Expiry Date: ____ / ____ Cardholder name: _____ Signature: _____