



# Short Course Application and Enrolment Form

## Certified Passive House Designer Examination CPHD2

**By Email**  
passivehouseenquiries@boxhill.edu.au  
**By Telephone**  
(03) 9286 9497  
**In Person**  
Building Design and Sustainability Team  
Building E7  
Level 3 Reception  
465 Elgar Road, Box Hill  
8am-5pm

Have you ever enrolled at Box Hill Institute before? Y  N  **Box Hill Student ID No.** \_\_\_\_\_  
**Surname (Family name):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Given Names:** \_\_\_\_\_  
**Gender:** Male  Female  Indeterminate / Intersex / Unspecified   
**Local Address:** \_\_\_\_\_ **Suburb/Town:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_ **BH Phone: +61** \_\_\_\_\_ **AH Phone: +61** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FOR ACCREDITED UNITS ONLY:** (not lifestyle/hobby courses) \_\_\_\_\_ (obtain from www.usi.gov.au)  
**Unique Student Identifier (USI) No.** (if known) \_\_\_\_\_  
**If USI No not known: Licence No:** \_\_\_\_\_ **State:** \_\_\_\_\_ (We will apply for one on your behalf if relevant to course.)

**What is your highest completed school level?** (Please tick)  
 Completed Yr 12.....12  
 Completed Yr 11.....11  
 Completed Yr 10.....10  
 Completed Yr 9 or equivalent.....09  
 Completed Yr 8 or equivalent.....08  
 Did not attend school.....02

**In which year did you complete that school level?**  
[ ][ ][ ][ ]  
**Are you still attending secondary school?**  
Y  N

**Which of the following BEST describes your current or recent occupation?** (Please tick)  
 Managers.....1  
 Professionals.....2  
 Technicians and Trade Workers.....3  
 Community and Personal Service Workers.....4  
 Clerical and Administrative Workers.....5  
 Sales Workers.....6  
 Machinery Operators and Drivers.....7  
 Labourers.....8  
 Other.....9

**Do you consider yourself to have a disability, impairment or long-term condition?** (Please tick)  
 Hearing/Deaf.....11  
 Physical.....12  
 Intellectual.....13  
 Learning.....14  
 Mental Illness.....15  
 Acquired Brain Impairment.....16  
 Vision.....17  
 Neurological Condition.....18  
 Medical Condition.....19  
 Other.....20  
 Unspecified.....99

**Have you successfully completed any of the following qualifications?** (Please tick) Y  N   
A E I  
 Bachelor Degree or Higher Degree.....1  
 Advanced Diploma or Associate Degree.....2  
 Diploma (or Associate Diploma).....3  
 Certificate IV (or Advanced Cert/Technician)....4  
 Certificate III (or Trade Certificate).....5  
 Certificate II.....6  
 Certificate I.....7  
 Certificates other than the above.....8  
Institution Name \_\_\_\_\_ Year completed [ ][ ][ ][ ]  
(Most recent institution)

**Which of the following BEST describes the industry of your current or previous employer?** (Please tick)  
 Agriculture, Forestry and Fishing.....A  
 Mining.....B  
 Manufacturing.....C  
 Electricity, Gas, Water and Waste Services....D  
 Construction.....E  
 Wholesale Trade.....F  
 Retail Trade.....G  
 Accommodation and Food Services.....H  
 Transport, Postal and Warehousing.....I  
 Information Media and Telecommunications....J  
 Financial and Insurance Services.....K  
 Rental, Hiring and Real Estate Services.....L  
 Professional, Scientific and Technical Services..M  
 Administrative and Support Services.....N  
 Public Administration and Safety.....O  
 Education and Training.....P  
 Health Care and Social Assistance.....Q  
 Arts and Recreation Services.....R  
 Other Services.....S

**Are you of Aboriginal or Torres Strait Islander origin?** (Please tick)  
 No.....N  
 Yes, Aboriginal.....A  
 Yes, Torres Strait Islander.....T  
 Yes, Aboriginal AND Torres Strait Islander.....B

**Of the following categories, which BEST describes your current employment status?** (Please tick)  
 Full-time employee.....1  
 Part-time employee.....2  
 Self employed - not employing others.....3  
 Employer.....4  
 Employed - unpaid worker in family business.....5  
 Unemployed - seeking full-time work.....6  
 Unemployed - seeking part-time work.....7  
 Not employed - not seeking employment.....8

**In which country were you born?** (Please tick)  
Australia  Other  (please specify) \_\_\_\_\_  
If other, YEAR you arrived in Australia \_\_\_\_\_  
**In which town were you born?** \_\_\_\_\_  
**How well do you speak English?** (Please tick)  
 Very well.....1  
 Well.....2  
 Not well.....3  
 Not at all.....4

**Course Name** \_\_\_\_\_  
**Course ID** \_\_\_\_\_ **Group** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Fee \$** \_\_\_\_\_  
**Concessions (if applicable)** No  Yes  (Complete details below) **Card Number** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_  
Health Care Card  Seniors Card  Pension Card  (Please enclose a copy of Concession documentation)

**Payment Details - Enrolments cannot be accepted without payment**  
**Mail Enrolment Payment Details:** Cash  Cheque  (Payable to Box Hill Institute) Visa  Mastercard  **Cardholder's Name** \_\_\_\_\_  
**Card Number** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_ **CCV** \_\_\_\_\_ **Cardholder's Signature** \_\_\_\_\_

**Or Invoice Company - Minimum Amount \$500 and Authorisation letter or Purchase Order required - please attach.**  
**Company Name** \_\_\_\_\_ **Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Condition of Enrolment (Short Courses)** By enrolling in this Short Course at Box Hill Institute, you are agreeing to abide by the policies, procedures, regulations and Student Code of Conduct of the Institute. This includes agreement with the refund policy stated below, and agreement to your personal information being disclosed in accordance with Box Hill Institute's Privacy Collection Statement, viewable at www.boxhill.edu.au/privacy. You are also providing confirmation that the information you have provided to enrol above, is complete and correct. Further application and enrolment information is viewable at www.boxhill.edu.au

**Refund Policy (Short Courses)**  
**Course Withdrawal and Refunds:** Fee refunds will only be issued if a course withdrawal request is received at least four (4) working days prior to the date of course commencement. A \$55 administration fee will be charged. No refunds will be issued for withdrawal requests received after this time.

**Course Transfers:** Students wishing to transfer to a future start date of the same course will be accepted if a request is received at least four (4) working days prior to the date of course commencement, and providing a suitable future course offering is available.

**Course Cancellation by the Institute:** Box Hill Institute reserves the right to cancel a scheduled course. In the event of a cancellation, students will be notified two days before the scheduled start date. Classes are subject to sufficient enrolment numbers. Box Hill Institute makes every effort to ensure that information is correct at the time of publication, but reserves the right to change or postpone courses, and to alter schedules, locations, fees and teachers due to unforeseen circumstances. Where a course is cancelled by the Institute, a full refund will be issued. Processing of all withdrawal and course cancellation refunds takes a minimum of fifteen (15) working days. Refunds will be made directly to the payee, and will be mailed to the payee's address as shown on the application form.

**Unique Student Identifier (USI):** All students undertaking accredited VET training will be required to have a USI (Federal requirement). You should obtain one online at www.usi.gov.au

For Office Use Only	Initials	Date
S1 entered	<input type="checkbox"/>	____
ECR payment	<input type="checkbox"/>	____
Conf printed	<input type="checkbox"/>	____
Conf sent	<input type="checkbox"/>	____