



Short Course Application and Enrolment Form

Certified Passive House Tradesperson Examination CPHT2

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)

Unique Student Identifier (USI) No. (if known) _____ (obtain from www.usi.gov.au)

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 1111
- Completed Yr 1010
- Completed Yr 9 or equivalent09
- Completed Yr 8 or equivalent08
- Did not attend school02

In which year did you complete that school level?

Are you still attending secondary school?

Y N

Have you successfully completed any of the following qualifications? (Please tick)

- 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

Y N

A E I

Institution Name _____ **Year completed**

(Most recent institution)

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 work6
- Unemployed - seeking part-time work7
- Not employed - not seeking employment8

Which of the following BEST describes your current or recent occupation? (Please tick)

- Managers.....1
- Professionals2
- Technicians and Trade Workers.....3
- Community and Personal Service Workers4
- Clerical and Administrative Workers5
- Sales Workers6
- Machinery Operators and Drivers7
- Labourers8
- Other9

Which of the following BEST describes the industry of your current or previous employer? (Please tick)

- Agriculture, Forestry and Fishing.....A
- Mining.....B
- ManufacturingC
- Electricity, Gas, Water and Waste ServicesD
- Construction.....E
- Wholesale Trade.....F
- Retail Trade.....G
- Accommodation and Food ServicesH
- Transport, Postal and WarehousingI
- 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 SafetyO
- Education and TrainingP
- Health Care and Social AssistanceQ
- Arts and Recreation ServicesR
- Other Services.....S

Do you consider yourself to have a disability, impairment or long-term condition? (Please tick)

- Hearing/Deaf11
- Physical12
- Intellectual13
- Learning.....14
- Mental Illness.....15
- Acquired Brain Impairment.....16
- Vision17
- Neurological Condition18
- Medical Condition19
- Other20
- Unspecified99

Are you of Aboriginal or Torres Strait Islander origin? (Please tick)

- NoN
- Yes, Aboriginal.....A
- Yes, Torres Strait IslanderT
- Yes, Aboriginal AND Torres Strait IslanderB

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
- Well2
- Not well.....3

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"/>	____/____/____