

**COLLEGE OF NATURAL BEAUTY ENROLMENT FORM**

**SECTION 1 : PERSONAL DETAILS**

Title ..... First Name .....  
 Middle Name ..... Surname .....  
 Former Surname..... Preferred Name .....  
 Date of Birth ..... Age ..... Gender ..... Car Rego .....  
 Phone: AH ..... Phone: BH ..... Mobile (\*recommended) .....  
 Email address.....

**SEMESTER/TRIMESTER ADDRESS**

..... (State)..... (P'code).....

**PERMANENT HOME ADDRESS** (if you live elsewhere outside Semester/Trimester please provide street address)

..... (State)..... (P'code).....

**POSTAL ADDRESS** (if different)

..... (State)..... (P'code).....

**CITIZENSHIP, ETHNICITY AND LANGUAGE**

Do you identify with one of the following groups? (tick both if applicable)

Aboriginal  Yes  No Torres Strait Islander  Yes  No

Were you born in Australia?  Yes  No

If no, what is your country of birth..... Year of arrival in Australia.....

Have you attended a citizenship ceremony and received an Australian Citizenship Certificate?  Yes  No

Do you hold a permanent Humanitarian Visa  Yes  No

Are you an Australian permanent resident or a New Zealand citizen?  Yes  No

Is English your second language?  Yes  No If 'Yes' what is the primary language spoken at home? .....

**DISABILITY, MEDICAL CONDITION OR LEARNING DIFFICULTIES**

Do you have any disabilities?  Yes, please indicate below  No

Hearing  Learning  Mobility  Vision

Do you have an ongoing medical conditions?  Yes, please indicate below  No

Epilepsy  Auto Immune  Hepatitis A  B  C

Other (please specify) .....

Do you have any learning difficulties?

Literacy  Numeracy  Reading  Writing  Comprehension

Other (please specify) .....

Will your disability impact on your ability to study?  Yes  No

Would you like to receive disability support services information? (from Student Support)  Yes  No

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### SECTION 2 : EDUCATION

What is the highest level of education you have COMPLETED?

- Post-graduate    Degree    Higher Education sub-degree course    Other qualification or competency  
 VET / TAFE Award    Final year of secondary education  
 No prior educational attainment    An incomplete Higher Education course

Year last enrolled.....Name of School/Higher Education Provider .....

Year 12 OP/ENTER/TER Score .....

### SECTION 3 : EMPLOYMENT

Which of the following best describes you?

- Employee    Self-employed    Unemployed – seeking work    Not employed – not seeking work

What is your current occupation? .....

\*When required we must be able to contact you either by email or mobile

### SECTION 4 : NEXT OF KIN

First Name ..... Surname.....

Relationship ..... Security Password .....

Telephone..... Mobile .....

Address .....

..... Postcode .....

### SECTION 5 : COLLEGE OF NATURAL BEAUTY AWARENESS INFORMATION

How did you hear about CNB? (Please provide details where possible)

- TV    Internet    Yellow Pages    Newspaper    Magazine    Natural Health Practitioner  
 Referral from friend/relative    Mailbox promo    Open Day    Other .....

**Have you been interviewed by an Enrolment Adviser?**    Yes    No   If Yes, approximate date .....

### SECTION 6 : DETAILS OF ENROLMENT

Did you apply through?    QTAC    VTAC    Direct Entry

Are you claiming?    Austudy    Abstudy    Youth Allowance

Are you applying for Credit or RPL (Recognition of Prior Learning) ?    Yes    No

Course Name .....

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**SECTION 7 : COURSE SELECTION (PLEASE TICK COURSE)**

- |   |  |
|---|--|
| <input type="checkbox"/> Diploma of Beauty                  | <input type="checkbox"/> VET in Schools Certificate II in Nail Technology  |
| <input type="checkbox"/> Certificate IV in Beauty Therapy   | <input type="checkbox"/> VET in Schools Certificate II in Makeup Services  |
| <input type="checkbox"/> Certificate III in Beauty Services | <input type="checkbox"/> VET in Schools Certificate III in Beauty Services |
| <input type="checkbox"/> Certificate II in Nail Technology  | <input type="checkbox"/> Certificate II in Makeup Services                 |

**SECTION 8: CANCELLATION POLICY**

- Fees are charged for withdrawing from subjects.
- Deferral from a course, for any length of time, may result in the relevant fee being charged.
- Cancellation Fees detailed herein apply to all College of Natural Beauty students.

**CANCELLATION FEES APPLICABLE TO STUDENTS WHO WITHDRAW FROM ENROLMENT**

COURSE AND WITHDRAWAL PERIOD	CANCELLATION FEE
<b>DIPLOMA AND CERTIFICATE IV</b>	
Up to Orientation Day prior to start of Trimester	\$500 per student
After start of commencement date to census date as per student calendar	\$1000 per student
After start of Trimester Two	Full fees payable. No refund. No credit transfer
After Census Date	\$5460 payable. No refund. No credit transfer
<b>CERTIFICATE III</b>	
Up to Orientation Day prior to start of Trimester	\$250 per subject
After start of commencement date to end of Week 16	\$2125 payable. No credit transfer. Any amount paid over \$2125 is refundable
After start of Week 17	Full fees payable. No refund. No credit transfer
<b>CERTIFICATE II</b>	
Up to Orientation Day prior to start of Trimester	\$250 per student
After start of commencement date to end of Week 8	\$1250 payable. No refund. No credit transfer
After start date of Week 9	No refund. No credit transfer
<b>CERTIFICATE II/III VET IN SCHOOL</b>	
Up to orientation day prior to start of Trimester	\$250 per student
After start of commencement date to end of Trimester One	\$750 payable. No credit transfer. Any amount paid over \$750 is refundable
After start of Trimester Two	Full fees payable No refund. No credit transfer

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**SECTION 9 : DECLARATION**

I ..... hereby declare that:  
The information provided on this form is correct and complete. The Policies and Procedures have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.  
During the enrolment interview the cancellation policy was explained to me and I truly understand the content outlined in this form.  
I understand that it is my responsibility to ensure that my workload and choice of study complies with Youth Allowance/Austudy/Abstudy if I am applying for any of these payments.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age at time of enrolment, signature of parent or guardian is required.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

College Representative: \_\_\_\_\_

College Representative's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 10 : PAYMENT OPTIONS**

Total Amount \$.....

Payment by:  Cheque/Money Order  Visa  Mastercard  Bankcard

Card Number     Expiry Date /

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION 11 : PRIVACY DETAILS**

In compliance with the Privacy Amendment (Private Sector) Act 2000, the information requested on this form will only be used for purposes associated with your enrolment. Some information is collected for the purpose of assessing your entitlement to Commonwealth Assistance under the Higher Education Support Act 2003 and in order to allocate a Commonwealth Higher Education Student Support Number (CHESSN) – Bachelor Degree students only.

**OFFICE USE ONLY**

Date Processed ..... Student Number.....

Receipt Number..... Amount Paid \$.....

Cash  Cheque  Credit Card  EFTPOS  Account Credit

Payment Plan Created  Yes  No

Staff Member's Name ..... Signature .....