

Australian Vocational Training Institute

CRICOS Provider Code: 003544K RTO: 40913

Campus Address: Level 5, 338 Pitt St, Sydney NSW 2000 Australia Tel: +61 2 8278 7918

AUSTRALIAN VOCATIONAL
TRAINING INSTITUTE



NEW STUDENT ARRIVAL FORM

Personal Details (* Must Fill Section)

*Family Name: _____

*Given Name(s): _____ *Date of Birth: _____

Sex: M F Type of Visa: Student Tourist Working Holiday Other

Nationality: _____ Passport #: _____

Visa #: _____

Address in Home Country: _____

Contact Number: _____ Relationship: _____

*Address in Sydney: _____

*Suburb: _____ Post Code: _____ *Mobile: _____

Home #: _____

*Email Address: _____

*USI No: _____

Course

Start date: _____ Finish date: _____

Class time: Shift 1 Shift 2 Shift 3 Shift 4

Shift 1: Monday to Tuesday - 8:00 am to 4:30 pm (1 hour break time) and Wednesday - 8:00 am to 1:15 pm (15-minute break time)

Shift 2: Monday to Thursday - 5:00 pm to 10:15 pm (15 minutes break time)

Shift 3: Thursday to Friday - 8:00 am to 4:30 pm (1 hour break time) and Saturday - 8:00 am to 1:15 pm (15 minutes break time)

Shift 4: Friday - 5:00 pm to 10:15 pm (15 minutes break time), Saturday - 1:30 pm to 9:00 pm (1 hour break time) and Sunday - 8:00 am to 4:30 pm (1 hour break time)

VET Course

- Certificate III in Business Certificate IV in Business Diploma of Business
 Advanced Diploma of Business Diploma of Project Management Advanced Diploma of Program Management
 Certificate IV in Accounting and Bookkeeping Diploma of Accounting Advanced Diploma of Accounting
 Certificate III in Hairdressing

Feedback

How did you hear about us?

A leaflet Newspaper/Magazine Friends An Agent (Please specify) _____ Other _____

Why did you choose us?

Campus Price Course Other _____

VERY IMPORTANT NOTICE

All students at the start of their VET course MUST collect their Schedule Payments for their Tuition fees from the Orientation session/Accounts Department. All Tuition fees MUST be paid 7 days prior to the due date. Failure to pay your Schedule Tuition Fees could result in you being reported to Department of Home Affairs and your Visa being cancelled.

- I fully understand the college Refund Policy.
- I have received my Schedule Payments, or my fees are paid in full.
- I have access to Student Handbook on the college website.
- I understand the Course Progress Policy for my Student Visa as regulated by the Department of Home Affairs.
- I agree that all information and photos supplied by me before and during my course or taken by others during my time at college is the copyright of the college for promotional purposes.
- I understand that as a part of my visa condition, I need to update the college with my residential address, phone number and email address within seven days of change.

Student signature:

SIGN HERE

Date: _____



EMERGENCY CONTACT (in Australia)

Name: _____

Relationship: _____

Phone: _____ Email: _____

EMERGENCY CONTACT (from Overseas)

Name: _____

Relationship: _____

Phone: _____ Email: _____

Country of Residence: _____

Note: The emergency contact details provided above will be used by the college as a designated person that is nominated by yourself (the student) in case of any refund of fees, this is applicable only in case of a refund of fees.

STUDENT ACKNOWLEDGEMENT

- I will be using following signature to sign on all college documents _____
- I have attended the college Orientation Program
- I understand the college Refund Policy
- I understand and will follow college Attendance Policy and Procedure
- I understand and will follow college Course Progress Policy and Procedure
- I understand college Complaints and Appeal Policy and Procedure
- I understand college Academic Intervention Policy and Procedure
- I understand college Leave of Absence Policy and Procedure
- I understand college Assessment Policy and Procedure

Student's Signature

Date