



College of Theatre Practice COURSE ENROLMENT FORM

If you are completing this form electronically press Tab on your keyboard to go the next cell. The cell will automatically expand to accommodate your text. If you are writing, please write clearly. If you require help with this form please call 07 33692344 for assistance.

Client Code:
<small>Office Use Only</small>

Today's Date				
Name (This is what will appear on your qualification)				
First name				
Surname				
Home Address				
Street Address				
Suburb	State		Post Code	
Postal Address (If different to above)				
Postal Address				
Suburb	State		Post Code	
Personal Details				
Company				
Occupation				
Date of Birth	Gender			
Home Ph	Work Ph			
Mobile	Fax			
Email 1 <input type="checkbox"/>				
Email 2 <input type="checkbox"/>				
It is essential that you provide us with an email address for communication purposes.				Username
				<small>Office Use Only</small>
Course Details Call 33692344 to check there is a space on your chosen course date.				
Course Name				
Course Date				
Specialisation Please circle 3 only	Lighting	Audio	Staging	Costume
Delivery option requested (not available at this time)				
Full Face to Face <input type="checkbox"/>	Blended <input type="checkbox"/>	Self Paced <input type="checkbox"/>		
Recognition of Prior Learning				
<input type="checkbox"/>	My Request for RPL has been assessed.			



COLLEGE OF THEATRE PRACTICE COURSE ENROLMENT FORM

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Learners Name			
Check this box if you do not wish to complete the rest of this page <input type="checkbox"/> It is optional for you to complete this entire page. If you do not wish to complete it please tick above and then continue to the next page.			
County of Birth?		Gender	
Do you speak a language other than English at home? If Yes, please specify.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Proficiency in English			
Very Well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>
Indigenous Status?			
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/>	None <input type="checkbox"/>
Do you have any disabilities that we should be aware of? If Yes, please specify.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Highest school level completed?			
Did not go to school <input type="checkbox"/>	Year 9 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Still at school <input type="checkbox"/>
Year 8 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>	
What year did you finish school?			
Highest level of qualification you hold?			
No other qualifications <input type="checkbox"/>	Certificate IV <input type="checkbox"/>	Bachelor Degree <input type="checkbox"/>	
Certificate I <input type="checkbox"/>	Diploma <input type="checkbox"/>	Higher Degree Level <input type="checkbox"/>	
Certificate II <input type="checkbox"/>	Advanced Diploma <input type="checkbox"/>	Other <input type="checkbox"/>	
Certificate III <input type="checkbox"/>	Associate Degree <input type="checkbox"/>		
Employment status?			
Full time <input type="checkbox"/>	Unemployed seeking full time <input type="checkbox"/>		
Part time <input type="checkbox"/>	Unemployed seeking part time <input type="checkbox"/>		
Self Employed <input type="checkbox"/>	Not employed, not seeking <input type="checkbox"/>		
Unpaid worker in family business <input type="checkbox"/>			
What is the main study reason?			
To get a job <input type="checkbox"/>	To get a better job or promotion <input type="checkbox"/>		
To develop my existing business <input type="checkbox"/>	It was a requirement of my job <input type="checkbox"/>		
To start my own business <input type="checkbox"/>	I wanted extra skills for my job <input type="checkbox"/>		
To try for a different career <input type="checkbox"/>	To get into another course <input type="checkbox"/>		
For personal interest or self development <input type="checkbox"/>	Other reasons <input type="checkbox"/>		

OFFICE USE ONLY



Admin Comments:

**College of Theatre Practice
COURSE ENROLMENT FORM**

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IMPORTANT NOTE:

Applicant Declaration This section must be completed. If left blank, the enrolment will not be accepted.		
<input type="checkbox"/>	I would like to apply for enrolment with College of Theatre Practice and agree to abide by the rules, and code of conduct, and I agree to maintain good and proper behaviour during my enrolment. I understand my enrolment can be suspended or cancelled should I breach the rules and code of conduct, use inappropriate behaviour, or endanger myself or others.	
<input type="checkbox"/>	Fees will be paid in three stages: 1. Non returnable deposit of 10% payable one week before classes start. E.g. \$108 for the term, or \$32 for a unit. 2. 50% to be paid on confirmation of enrolment, before the end of week 3. E.g. \$540 for the term, or \$160 for a unit. 3. 40% to be paid by week 6. E.g. \$432 for the term, or \$139 for a unit.	
<input type="checkbox"/>	I further agree to give CTP seven (7) days notice if I do not intend to attend a course in which I enrolled and agree that should I fail to give such notice then I am liable for the full course fee as the otherwise paying seat will now be vacant and will deprive CTP of the revenue it would provide.	
<input type="checkbox"/>	I have read and understood the CTP refund policy (see Pre-enrolment Information).	
Name:	Signature:	Date:

Payment Option	
THE NON RETURNABLE DEPOSIT MUST BE INCLUDED WITH YOUR ENROLMENT FORM. ENROLMENT FORMS WITHOUT THE DEPOSIT WILL NOT BE PROCESSED UNTIL PAYMENT IS CONFIRMED.	
Direct Deposit Please contact our customer service team for our bank details and a reference number. To ensure your enrolment is finalised quickly, it is recommended you include a copy of the deposit receipt with this enrolment form.	Bank or Personal Cheque and Money Orders; Please make payable to, <u>Brisbane Arts Theatre</u> Credit Card (Mastercard & Visa Only) Complete the form below.



Credit Card Authorisation Form	
Cardholders Name	
I authorise Brisbane Arts Theatre to debit from my card the amount of \$ Your card will be charged upon receipt of enrolment.	
Card Number	
Expiry Date	Type of card Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Verification Number (this is the last 3 digits on the back of card)	
Signature	

<p>After completing this enrolment form, send all four pages along with your direct debit receipt (if applicable) to one of the options below. We will then contact you via phone or email to confirm your enrolment. If you have not received confirmation within one (1) working day please call us.</p>		
<table> <tr> <td> Post to: College of Theatre Practice 210 Petrie Terrace Brisbane, 4000 Phone: 07 33692344 </td> <td> Fax to: 07 33691390 Attn: Enrolments </td> </tr> </table>	Post to: College of Theatre Practice 210 Petrie Terrace Brisbane, 4000 Phone: 07 33692344	Fax to: 07 33691390 Attn: Enrolments
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How did you hear about College of Theatre Practice?			
Google <input type="checkbox"/>	Bing <input type="checkbox"/>	Current Arts Theatre Learner/member <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Gmail <input type="checkbox"/>	Yahoo <input type="checkbox"/>	Print Media <input type="checkbox"/>	Other <input type="checkbox"/>
<p>If Print Media or Other please provide details:</p>			

OFFICE USE ONLY				
App Dec Received Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Del. pre-assessment sent <input type="checkbox"/> Date:	Deposit received		2nd Payment Received <input type="checkbox"/> 3rd payment Received <input type="checkbox"/>
Staff Member		Dates: Deposit	2nd	3rd

Admin Comments: