

**Federation Student ID No. (if known)**

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**Unique Student Identifier (USI) (if known)**

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**Winda No. (mandatory)**

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**Personal Details**

First name:

Other name/s:

Family name:

Title:  Mr  Mrs  Miss  Dr  Other (please specify):

Date of birth: 

D	D
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M	M
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Y	Y	Y	Y
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 Gender:  Male  Female  Other

Country of birth:  Australia  Other (please specify):

Are you Aboriginal or Torres Strait Islander origin?  
 No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Citizenship/Residency Status:  Australian Citizen  New Zealand Citizen  Permanent Humanitarian Visa  Permanent Non-Humanitarian  Overseas Resident  Temporary Entry Permit

**Note:**  
 Please write the EXACT name that you used when you applied for your Unique Student Identifier (USI) including any middle names.

All questions must be answered for the enrolment to be processed. Please print in block letters using a blue or black pen.

**Address Details**

Address:

Suburb/Town:  State/Territory:  Post code:

Mailing address (if different from above)

Address:

Suburb/Town:  State/Territory:  Post code:

Phone (preferred):

Phone (other):

Email:

Employer name:

Please provide the physical address of where you **usually live** – street number and name not post office box.  
 Do not provide any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

You **MUST** provide at least one phone number  
 You **MUST** provide the email address you check most regularly.

**Student HQ Data Entry Record**

Student's data entered  
 YES 

D	D
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M	M
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Y	Y	Y	Y
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Enrolment data entered  
 YES 

D	D
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 / 

M	M
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Y	Y	Y	Y
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Student HQ Staff Signature

Select your course		Fee
<input type="radio"/> Basic Safety Training	4 Days	\$2,559.00
<input type="radio"/> Basic Safety Training Refresher	3 Days	\$1,881.00
<input type="radio"/> Basic Tech Training	5 Days	\$3,636.00
<b>Total \$</b>		

Payment details																						
<input type="radio"/> Visa	<input type="radio"/> Mastercard																					
Invoice addressed to: (Payment will be received in this name) <input type="radio"/> Student <input type="radio"/> Business/Third Party																						
Card number:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <div style="float: right; text-align: right;">CVC Number <table border="1"><tr><td></td><td></td><td></td></tr></table></div>																					
Name on card:																						
Expiry Date:	<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <div style="float: right; text-align: right;">Amount AUD \$:</div>	D	D	/	M	M	/	Y	Y	Y	Y											
D	D	/	M	M	/	Y	Y	Y	Y													
Cardholders Signature:	<b>Must be signed by cardholder</b>																					
Contact phone:																						

OR

<input type="radio"/> Purchase Order (Payable to Federation University Australia and attached to application)	
Business contact name	
Contact phone	
Business phone	
Name of business	
Address of business	
Suburb/Town	
State/Territory	Post code
Business email	

Authorised RTO delegate:		Funding Code:	F										
Name													
Position													
Signature	Date	<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y				

## Student – Short course terms and conditions

**PLEASE SIGN BELOW**

### Payment

Full course fees are payable at the time of enrolment.

### Cancellations

Cancellations notified less than 48 hours prior to the course commencement date will NOT be refunded.

### General

- FedUni reserves the right to cancel or reschedule any course that does not have sufficient enrolment numbers or in the event of unforeseen circumstances. A refund or an alternate date and time will be offered.
- Please include your **Medical Declaration and Indemnity Form** with this application.

- I accept the above terms and conditions and authorise Federation University to release my results to Winda

### Signature

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### Date

D	D	/	M	M	/	Y	Y	Y	Y
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**Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website.**

Authorised by: Manager, Student Administration  
 Document Owner: University Registrar  
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 Current Version: 12/12/2024  
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