

Federation Student ID No. (if known)

Unique Student Identifier (USI) (if known)

Winda No. (mandatory)

Personal Details
Given name/s
Family name
Title ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other (please specify):

Gender ☐ **F** Female/Woman ☐ **M** Male/Man ☐ **N** Non-Binary ☐ **D** Different term ☐ **P** Prefer not to answer

Date of birth
 / /
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

Address Details
Address

Suburb/Town
State/Territory
Post code
Mailing address (if different from above)
Address

Suburb/Town
State/Territory
Post code
Phone (Preferred)
(Other)
Email
Employer name
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.

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 — 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
Date
 / /
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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Original Issue: 02/02/2024

Current Version: 24/06/2025

Review Date: 01/01/2026

Select your course		Fee
<input type="radio"/> Basic Safety Training	4 Days	\$2,423.55
<input type="radio"/> Basic Safety Training Refresher	3 Days	\$1,781.55
<input type="radio"/> Basic Tech Training	5 Days	\$3,636.30
	Total \$	

Payment details			
<input type="radio"/> Visa <input type="radio"/> Mastercard			
Invoice addressed to: (Payment will be receipted in this name)		<input type="radio"/> Student <input type="radio"/> Business/Third Party	
Card number:	<div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> </div> <div>CVC Number <input type="text"/><input type="text"/><input type="text"/></div>		
Name on card:			
Expiry Date:	<div> <div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div> <div><input type="text"/></div><div><input type="text"/></div> </div>	Amount AUD \$:	
Cardholders Signature:			Must be signed by cardholder
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		<div><div>D</div><div>D</div></div>	/	<div><div>M</div><div>M</div></div>	/	<div><div>Y</div><div>Y</div></div>	<div><div>Y</div><div>Y</div></div>	<div><div>Y</div><div>Y</div></div>	<div><div>Y</div><div>Y</div></div>	

Student HQ Data Entry Record												
Student's data entered												
<input type="radio"/> YES	D	D	/	M	M	/	Y	Y	Y	Y		
Enrolment data entered												
<input type="radio"/> YES	D	D	/	M	M	/	Y	Y	Y	Y		
Student HQ Staff Signature												