



SUNSHINE COLLEGE OF MANAGEMENT PTY LTD
CRICOS PROVIDER CODE 02835G NATIONAL PROVIDER CODE 121908

SMI24.1.9 Student application for enrolment form

Please complete all sections of this application form, sign it and send it to us along with the following:

- Certified transcripts and certified English translations of relevant academic records
- Certified evidence of English language proficiency
- Any additional documentation to support your application (e.g. resume, work certificates, references)
- If you are applying for course credit, please read Sunshine College of Management Credit Transfer Policy.
- Unless you apply for direct credit transfer, you will also need to complete Sunshine College of Management RPL Application Form. Where you apply for RPL, you will also be provided with an RPL Application Kit.

Personal Details

Surname: _____ Title: Mr./Mrs./Miss/MS/Dr _____ Date of Birth: / / _____

First Name: _____ Middle Name/s: _____

Address in Home
Country: _____

Address in Australia _____ Post Code: _____

(if available): _____

Post Code: _____

Home Phone: () _____ Work: () _____

Mobile: _____ Email: _____

Main Language spoken at home: _____

Origin and visa details

Nationality: _____

Passport Number _____

Do you already have a visa for Australia? If so, what is the visa type and number. _____

If you do not have a visa, where will you apply for the visa and what type of visa will you apply for? _____

Address: 18 Withers Street – Sunshine – 3020

Telephone: 03) 9311 5180 Facsimile: 03) 93127625 Email: info@scm.vic.edu.au Web: www.scm.vic.edu.au



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OSHC Membership Required:

Yes NO

OSHC Number: _____ Expiry Date : _____

IELTS Score: _____ Date Test Taken: __/__/__

If IELTS test score not available other English course taken: _____ Date Completed: _____

Details of course you are applying for

Course Code and Title:

FDF30510- CERTIFICATE III IN FOOD PROCESSING(RETAIL BAKING- CAKE AND PASTRY) (076472F):

FEE: APPLICATION FEE: \$250

TUTION FEE: \$ 8000

MATERIALS FEE: \$ 1000 (Includes books, tools and additional resources)

TOTAL: \$ 9,200

RPL FEE: \$ 500/Unit

CREDIT TRANSFER APPLICATION: \$ 200

BSB50207 – DIPLOMA OF BUSINESS (063722M) :

FEE: APPLICATION FEE: \$250

TUTION FEE: \$5,000

MATERIALS FEE: \$ 500 (includes books and additional resources)

TOTAL: \$ 5,700

RPL FEE: \$250/Unit

CREDIT TRANSFER APPLICATION: \$ 200

Course start date:

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General Information

1. Do you consider yourself to have a disability, impairment or long-term condition? Yes No
 If YES, please indicate the area of disability, impairment or long-term condition: Tick as many as apply.
- Hearing/Deaf Intellectual Mental Illness Vision
 Physical Learning Acquired Brain Injury Medical Condition
 Other: _____
2. What is your highest COMPLETED school level? (tick one box only)
- Year 12 or equivalent Year 10 or equivalent Year 8 or below
 Year 11 or equivalent Year 9 or equivalent Never attended school (go to question 15)
3. In which YEAR did you complete that school level? _____
4. Are you still attending secondary school? Yes No

Previous Qualifications

5. Have you SUCCESSFULLY completed any of the following qualifications? Yes No
 If YES, then tick ANY applicable boxes. (You may indicate more than one)
- Bachelor Degree or Higher Degree Diploma (or Associate Diploma) Certificate III (or Trade Certificate) Certificate I
 Advanced Diploma or Associate Degree Certificate IV (or Advanced Cert/Technician) Certificate II Certificates other than these
- Please list any qualifications you have completed and the year of completion.
1. _____ Year: _____
 2. _____ Year: _____
 3. _____ Year: _____
6. Do you wish to apply for Credit Transfers? Yes No
 If YES, certified copies of transcripts from previous qualifications must be provided with this form.
 Note unless you are applying for direct credit transfer, you will need to complete Sunshine College of Management RPL Application Form and send this in with this application for enrolment.

Employment

7. Of the following categories, which BEST describes your current employment status? Tick one box only.
- Full-time employee Employed – unpaid worker in a family business
 Part-time employee Unemployed – seeking full-time work

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- Self employed – not employing others
 Employer
 Unemployed – seeking part-time work
 Not employed – not seeking employment

Study Reason

8. Of the following categories which BEST describes your main reason for undertaking this course? Tick one box only.

- To get a job
 To develop my existing business
 To start my own business
 To try for a different career
 To get a better job or promotion
 It was a requirement of my job
 I wanted extra skills for my job
 To get into another course of study
 For personal interest or self- development
 Other reasons

Next of Kin/ Emergency Contact

Name: _____ Relationship to you: _____
Address: _____
Home Phone: () _____ Work: () _____
Mobile: _____ Email: _____

Student Acceptance Agreement

In signing this Enrolment Form you agree:

- That the information provided on this form is true, correct and complete.
- That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.
- That you have read and understood Sunshine College of Management's Privacy and Personal Information Policy and agree to its statements. The information provided on this form could be shared with Australian Government departments or where required by Law.
- That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Fees, Charges and Refund Policy. I understand that the deposit / enrolment fee is non-refundable.
- To provide Sunshine College of Management with up to date and accurate contact details and notifies them if anything changes.
- To be bound by Sunshine College of Management's Student Code of Conduct, and other student policies and procedures as

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well as National and State legislation, regulations including any variations that are made from time to time.

Student Signature: _____

Date: / /

Printed Name: _____

If the student is under 18 years of age:

Parent/Guardian Name: _____

Contact Details: _____

Signature: _____

Date: / /

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