

Enrolment Agreement Form

Complete all sections in full. Submit at wyatt.nsw.edu.au/enrolment, email info@wyatt.nsw.edu.au, or deliver in person.

| | | | | |
|----------------------------|----------------------|----------------------|----------------------|----------------------|
| FOR OFFICE USE ONLY | Application No. | Date Received | Processed By | Status |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 1 — PERSONAL DETAILS

Family Name / Surname * **Given Name(s) ***

Preferred Name **Date of Birth (DD/MM/YYYY) *** **Gender ***

Male Female Other

Residential Address (Street, Suburb, State, Postcode) *

Email Address * **Mobile / Phone *** **Country of Birth ***

Nationality * **First Language / Language Spoken at Home**

SECTION 2 — CITIZENSHIP & VISA STATUS

Citizenship Status *

Australian Citizen
 Australian PR
 New Zealand Citizen
 Student Visa (500)
 Other Visa

Visa Subclass (if applicable) **Visa Expiry Date** **Passport Number**

Country of Passport

SECTION 3 — COURSE SELECTION

CPC31320 — Certificate III in Wall and Floor Tiling (CRICOS 11940)
 BSB50120 — Diploma of Business (CRICOS 113157F)

CPC50320 — Diploma of Building & Construction Management (CRICOS 113158)
 BSB60420 — Advanced Diploma of Leadership & Management (CRICOS 113156)

Proposed Start Date (DD/MM/YYYY) * **Study Mode ***

Full-time Part-time

Campus * Bankstown Lidcombe

SECTION 4 — PRIOR EDUCATION & EMPLOYMENT

Highest Education Level Completed *

Year 10 or below
 Year 11
 Year 12
 Cert I–II

Cert III–IV
 Diploma / Adv Dip
 Bachelor Degree
 Postgraduate

Current Employment Status *

Unemployed – seeking work
 Unemployed – not seeking
 Part-time employee

Full-time employee
 Self-employed
 Employer

Main reason for studying this course *

SECTION 5 — ENGLISH LANGUAGE

English Language Proficiency *

| | | | | | |
|---|---|---|------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> English is my first language | <input type="checkbox"/> IELTS | <input type="checkbox"/> PTE Academic | <input type="checkbox"/> TOEFL iBT | <input type="checkbox"/> Cambridge | <input type="checkbox"/> Other |
| Test Name (if applicable) | Overall Score | Test Date (DD/MM/YYYY) | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | |

SECTION 6 — LANGUAGE, LITERACY, NUMERACY & DIGITAL SKILLS (LLN+D)

Do you require any support with reading, writing, numeracy, or digital skills?

No — I do not require support
 Yes — I may need some support (WEG will arrange an LLN assessment)

SECTION 7 — UNIQUE STUDENT IDENTIFIER (USI)

USI Number (10 characters) *

 Don't have a USI? Visit usi.gov.au to create one free of charge

A USI is required by law for all students in nationally recognised training. WEG cannot issue a Statement of Attainment without a verified USI.

SECTION 8 — OVERSEAS STUDENT HEALTH COVER (OSHC) — International Students Only

OSHC Provider *

| | | | | | |
|---|---|---|---------------------------------------|---|---|
| <input type="checkbox"/> BUPA | <input type="checkbox"/> Medibank | <input type="checkbox"/> nib | <input type="checkbox"/> Allianz Care | <input type="checkbox"/> Other provider | <input type="checkbox"/> N/A — Citizen / PR |
| OSHC Policy Number | OSHC Cover Start Date | OSHC Cover Expiry Date | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | |

SECTION 9 — EMERGENCY CONTACT

Full Name *

Relationship *

Phone Number *

| | | |
|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Email Address | Residential Address | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |

SECTION 10 — HOW DID YOU HEAR ABOUT US?

| | | | | |
|---|--|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Google / Internet | <input type="checkbox"/> Education Agent | <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend / Family Referral | <input type="checkbox"/> Other |
| Agent Name / Referral Source (if applicable) | | | | |
| <input style="width: 100%;" type="text"/> | | | | |

SECTION 11 — STUDENT DECLARATION & SIGNATURE

By signing this Enrolment Agreement, I declare and agree that:

1. All information provided is true, correct and complete to the best of my knowledge.
2. I have read and agree to WEG's Refund Policy, Complaints & Appeals Policy, and Student Support Policy.
3. I understand the attendance (minimum 80%) and satisfactory course progress requirements.
4. I understand that providing false or misleading information may result in cancellation of my enrolment.
5. I consent to WEG collecting and disclosing my personal information under the Privacy Act 1988 (Cth), including reporting to NCVET, the Department of Home Affairs, and ASQA as required by law.
6. I understand that my enrolment is subject to meeting all entry requirements and payment of fees. For international students, a Confirmation of Enrolment (CoE) will be issued upon completion of enrolment.
7. I agree that the tuition fee and all charges outlined in the Written Agreement are payable per the payment schedule.
8. I understand that WEG cannot guarantee visa or migration outcomes and am encouraged to seek advice from a registered migration agent (MARA).

| Student Signature | Date (DD/MM/YYYY) | Print Full Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Parent / Guardian Signature (students under 18 years only)

| Guardian Signature | Date (DD/MM/YYYY) | Print Full Name | Relationship |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

FOR OFFICE USE — WEG AUTHORISATION

| Authorised By (Name) | Position | Signature | Date |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Submit: Online — wyatt.nsw.edu.au/enrolment | Email — info@wyatt.nsw.edu.au | In person — Level 2, 47 Rickard Rd, Bankstown NSW 2200 | Phone — +61 437 666

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