

Student Registration Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy
 CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Personal Details <i>(Please tick the box)</i>			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Given Name:		Middle Name:	
Last Name:		USI Number:	
Date of Birth:			
Email:			
Mobile Number:			
Home Address in Australia:		Post Code:	
Visa Type:			
Passport Number:			
Agent Name:			
2. Emergency Details			
Given Name:		Middle Name:	
Last Name:			
Relationship to you:			
Email:			
Mobile Number:			
<p>Note: From 1 January 2015, Auscare Training Organisation can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf</p>			
I confirm that I have read, understood, and agree to the conditions mentioned above:			
Student's Signature:			Date: