

Melbourne: 155-161 Boundary Road, North Melbourne VIC 3051
52 - 56 Chetwynd St, West Melbourne, VIV 3003
41 Boundary Road, North Melbourne VIC 3051
Adelaide: 14 - 16 Grote Street, Adelaide SA 5000

Email: enroll@scei.edu.au / Phone: +61 3 9602 4110

Web: www.scei.edu.au

RTO Provider Number: 121952

Crisco Provider Code: 02934D

FOR257 STUDENT ENROLMENT DATA

	PART A -	- STUDEN	T DETAILS
Given names			
Surname			
Date of Birth		Gender	Female
(DD/MM/YYYY)			Male
			Indeterminate/Intersex/Unspecified
What is the address	Building/Property		
location and postcode of	name		
the suburb, locality; or	Flat/ Unit		
town in which you usually	Number		
live?	Street Number		
	Street Name		
(international home	Suburb, Locality		
address)	or Town		
	State/ Territory		
	Post Code		
What is the temporary	Building/Property		
address in which you will	name		
live in Australia during	Flat/ Unit		
your studies?	Number		
	Street Number		
(Australian Address)	Street Name		
	Suburb, Locality		
	or Town		
	State/ Territory		
	Post Code		
Phone Number			
Email Address			
Emergency Contact Name			
Relationship to student			
Emergency Contact			
Number			



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	PART B - COURSE			
Course Code and Name				
Intake Date				
Campus				
	PART C – LANGUAGE AND CULTURAL DIVERSITY			
In which country were you born?	Australia Other, please specify			
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	No, English Only Yes, other, please specify			
How well do you speak English	Very Well Well Not Well Not at all			
Are you of Aboriginal or Torres Strait Islander origin? (For person o both Aboriginal and Torres Strait islander origin,	No, English Only Yes, Aboriginal Yes, Torres Strait Islander			
mark both "Yes" boxes)	B B. B			
D	PART D - DISABILITY			
Do you consider yourself to have a disability, impairment of long-term condition?	No Yes, please specify If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)			
	Hearing / Deaf Physical Intellectual Learning Mental Illness Acquired brain impairment Vision Medical Condition Other, please specify			
PART E - SCHOOLING				
What is your highest completed school level?	Completed Year 12 Completed Year 11			



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	Completed Year 10					
	Completed Year 9 or Equivalent					
	Completed Year 8 or Lower					
	Never attended school					
In which <u>Year</u> did you complete that school level?						
Are you still	Yes					
attending secondary school?	No					
	PART F -	PREVIOUS C	UALIFICATIO	N A CHIEVED		
Have you SUCESSFULLY	Yes					
completed any of the qualifications?	No					
If Yes, please enter one of these Prior Education	A (Australian)	E (Australian Equivalent)	(International)	Qualifications		
Achievement Recognition				Bachelor Degree of Higher Degree		
Identifiers any applicable				Advanced Diploma of Associate Degree		
qualification level.				Diploma (or Associate Diploma)		
Note: if you have multiple				Certificate IV (or Advanced Certificate/ technician)		
Prior Education Achievement Recognition Identifiers for any other qualifications, use				Certificate III (or Trade Certificate)		
the following priority order to determine which identifier to use:				Certificate II		
A - Australian E - Australian Equivalent I - International				Certificate I		
i - international				Certificates other than the above		
		PART G - S	TUDY REASO	N		
Of the following	To get a job					
categories, which BEST describes your	To develop my exiting business					
main reason for undertaking this	To start my own business					
program?	To try for a different career					
(Tick one box only)	To get a better job or promotion					
	It was a requirement of my job					
	I wanted extra skills for my job					



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	To get into another program of study			
	For personal interest or self-development			
	For other reasons			
	To get skills for community voluntary work			
	PART H - EMPLOYMENT			
Of the following	Full-time employee			
categories, which BEST describes your	Part-time employee			
current employment status?	Self-employed - not employing others			
status.	Self-employed - employing others			
(Tick one box only)	Employed - unpaid worker in a family business			
	Unemployed - seeking full-time work			
	Unemployed - seeking part-time work			
	Not employed - not seeking employment			
Which of the following classifications BEST	Managers			
describes your current	Professionals			
or recent occupation?	Technicians and Trade Workers			
	Community and Personal Service Workers			
	Clerical and Administrative Workers			
	Sales Workers			
	Machinery Operators and Drivers			
	Labourers			
	Others			
Of the following	Agriculture, Forestry and Fishing			
categories, which BEST describes your	Mining			
main reason for undertaking this	Manufacturing			
program?	Electricity, Gas, Water and Waste Services			
(Tick one boy only)	Construction			
(Tick one box only)	Wholesale Trade			
	Retail Trade			
	Accommodation and Food Services			
	Transport, Postal and Warehousing			
	Information Media and Telecommunications			
	:			



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	Financial and Insurance Services				
	Rental, Hiring and Real Estate Services				
	Professional, Scientific and Technical Services				
	Administrative and Support Services				
	Public Administration and Safety				
	Education and Training				
	Health Care and Social Assistance				
	Arts and Creation Services				
	Other Services				
	PART I – SURVEY CONTACT STATUS				
Survey Contact Status is communications	used to exclude clients from participating in the Student Outcomes Survey and othe				
Of the following	Available for survey use				
categories, which BEST describes your	Correctional facility (address or enrolment)				
Survey Contact Status	Deceased student				
Juitus	Excluded				
(Tick one box only)	Invalid address/Itinerant student (very low likelihood of response)				
	Minor - under age of 15 (not to be surveyed)				
	Overseas (address or enrolment)				
	PART J – UNIQUE STUDENT IDENTIFIER (USI)				
nationally recognised V do not have a Unique S	ned a USI, you can apply for it directly at https://www.usi.gov.au/your-				
F : :::					
Enter your USI					



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PART J. STUDENT ENROLMENT PRIVACY NOTICE

STUDENT ENROLMENT PRIVACY NOTICE

I understand that:

SCEI is required to provide the State and Commonwealth Governments with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the VET Student Statistical Collection Guidelines (which are available at

http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx

The State Education Departments may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities.

For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or an audit or review.

For more information in relation to how student information may be used or disclosed please contact SCEI's Privacy Officer on phone 03 9602 4110.

Student's Name (Printed)	
Student's Signature	
Date	



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FOR 12 STUDENTS AGENT FEEDBACK FORM

Please complete this form only if you have enrolled at Southern Cross Institute (SCEI) through an Authorised

Education Agent of Southern Cross Education Institute

PART A – STUDENT DETAILS		
Given names		
Surname		
Student ID Number		
Country		
Course Code and		
Name		
Agent name		

PART B - FEEDBACK The questions below are designed to give us sufficient feedback to ensure that Education Agents provide you the best possible service. Your truthful response is very much appreciated by SCEI. How would you rate your Not **Satisfactory** Comment agent in the following? **Satisfactory** I. How would you describe the quality of the service you have received from your agent? 2. How would you describe the quality of information provided to you by your agent? 3. Did you find that information provided by your education agent about the SCEI was accurate and useful?

FOR12 Student Agent Feedback Form Version 7.0 Effective Date: 23.03.2020



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Di	d the agent	Satisfactory	Not Satisfactory	Comment
1.	Provide you with International Student Fact Sheet relating to ESOS Framework?			
2.	Return your phone calls/ emails within 48 hours?			
3.	Provide you with the course information guide that contained information on: a. course entry requirement including English language proficiency, b. course content, c. duration, d. delivery mode and e. assessment methods course content and f. additional requirements			
4.	Provide you with indicative fees payable to SCEI and the SCEI's refund policy?			
5.	Provide you with information about living in Australia including indicative costs of living?			
	Provide you with details with SCEI's campus(s) location, facilities & welfare support services?			
7.	Provide you with information on SCEI's policies and procedures?			
8.	Provide you with SCEI's policy on enrolment, deferment, suspension, or cancellation?			



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9. Provide you with SCEI's			
attendance & course			
progress policy			
10. Provide you with SCEI's			
terms and conditions prior to			
signing the application form			
and letter of offer?			
11. Provide you information on			
Visa requirements which			
must be satisfied by a person			
on Student Visa?			
12. Provide you with SCEI's			
internal and external			
complaints and appeals			
procedures?			
A	40.4	1 121 - 413	
Any other feedback/ comment	that you would	like to snare:	

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PART C- PRIVACY AND CONFIDENTIALITY STATEMENT AND STUDENT DECLARATION

Privacy & Confidentiality Statement

Southern Cross Education Institute (SCEI) treats all information provided to SCEI in accordance with the Information Privacy Act 2000 (VIC) and SCEI's Privacy Policy. All feedback is dealt with confidentially and information that you provide on this form will only be used to assess and improve

service delivery of SCEI's authorised Education Agents. When a matter raised is deemed to be of				
serious concern, it may be necessary for SCEI to release partial or full details of your feedback and				
information to third parties that may include the agent. In completing this form, you consent to the				
release of these details as provided	in this form.			
Student Declaration				
I declare that the information provi	ded in this form is true and correct. I consent to the partial or			
full release of information provided	in this form, as and when the need arise.			
Student Name				
Student Signature				
Date				
Part D – Office Use Only				
	PART D - OFFICE USE ONLY			
Action required	Yes No			
Action required				
Action required Staff Name				
Action required Staff Name Date	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			
Action required Staff Name Date Action Details	Yes No			

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FOR40 STUDENT CONSENT FOR MARKETING MATERIALS

This form is to be completed by the student in order to give SCEI permission to use the student's items for SCEI's marketing and Promotional activities

PART A – STUDENT DETAILS				
Student ID Number				
Student First Name				
Student Surname				
Date of Birth (DD/MM/YYYY)				
Course Code and Title				
PART B – MARKETING MATERIAL DETAILS please tick and initial the items that you agree to the Southern Cross Education Institute using for marketing purposes				
ITEMS		STUDENT INITIAL		
☐ Own Image				
☐ Completed Assessments				
☐ Other				
Please specify:				
PART C – STUDENT DECLARATION				
I,, give permission to the Southern Cross Education Institute to use my items ticked above for its Marketing & Promotional purposes				
Student Name				
Student's Signature				
Date				

THANK YOU