



# The Flower School Pty Ltd

## Enrolment Form

Personal Details (legal name as shown on passport or driver's license)	
Surname:	
First Name	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other:	Former Surname:
Residential Address:	
	Postcode:
Home Phone:	
Mobile Phone:	
Emergency Contact No.	
Email:	
Date of Birth: ___ / ___ / ___ (Day/Month/Year)	
Unique Student Identifier No. (USI)	

Course of Study (tick box below) and Commencement Date	ONLY TICK ONE BOX
Course: Certificate II in Floristry <input type="checkbox"/> Certificate III in Floristry <input type="checkbox"/> Certificate IV in Floristry <input type="checkbox"/>	
Date of Course:	
Reason for doing course:	
<input type="checkbox"/> To get a job	
<input type="checkbox"/> To develop my existing business get a job	
<input type="checkbox"/> To start my own business	
<input type="checkbox"/> To try for a different career	
<input type="checkbox"/> For personal interest or self-development	
<input type="checkbox"/> To get a better job or promotion	
<input type="checkbox"/> It was a requirement for my job	
<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To get into another course of study	

Vocational Education Information
Country of Birth:
Nationality:
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which?
Language spoken at home:
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Do you require language or literacy assistance?

Special Needs
Do you have a disability, impairment or long term medical condition?
If yes, please indicate impairment: <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Vision
<input type="checkbox"/> Other – please advise
Do you suffer from Anxiety <input type="checkbox"/> Depression <input type="checkbox"/>
Please discuss with us, so we can work with you

Interview Date: \_\_\_\_\_



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## Educational History

Currently attending Secondary School?  Yes  No.

Highest School Level:

What year did you finish school:

Prior Educational Achievements:

## Employment Status

- Full-time Employee
- Part time Employee
- Self-Employed
- Unemployed – Seeking full-time work
- Unemployed – Seeking part-time work
- Unemployed – Not Seeking work
- Other (please specify)

## How did you hear about us?

- Google
- Friend
- Work
- Trade Show /Expo
- Advertisement
- Other (please specify)

## Declaration and Signature

If I am accepted as a student of The Flower School Pty Ltd, I agree to abide by the **terms and conditions** as stated in the student handbook. I have received, read and understand the enrolment terms and conditions

I do / do not agree for The Flower School Pty Ltd to use my photo or photos of my student work in newspaper articles, web sites, or Social Media pages.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options

- Online Bank Transfer BSB 034 041 Account No. 331362
- Cash (accepted in person before Course commences)
- Visa  MasterCard

Amount \$ \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CCV:

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Please Scan and Email or Post this Form along with your Remittance to:

**The Flower School Pty Ltd**  
**9/50 Northlink Place, Virginia 4014**  
**P: (07) 3868 2939 E: [info@theflowerschool.com.au](mailto:info@theflowerschool.com.au)**

## Office Admin Use Only

- |                                    |                                |                                       |                                       |
|------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> INTERVIEW | <input type="checkbox"/> Book  | <input type="checkbox"/> MAILING LIST | <input type="checkbox"/> ADDRESS BOOK |
| <input type="checkbox"/> (FF)      | <input type="checkbox"/> ( C ) | <input type="checkbox"/> ( S )        | <input type="checkbox"/> STUDENT CARD |

Interview Date: \_\_\_\_\_