



# The Flower School Pty Ltd - Enrolment Form

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID \_\_\_\_\_

Personal Details (legal name as shown on passport or driver's license)	
Unique Student Identifier (USI): _____ If you do not currently have a USI you will be required to create one. Go to <a href="http://www.usi.gov.au">www.usi.gov.au</a> and follow the instructions to create your USI – This is MANDATORY	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
First Name:	Surname:
Other Name/s:	<small>All previous or other names by which you are known or have been formerly known must be listed</small>
Residential Address:	Postcode:
Home Phone:	
Mobile Phone:	
Emergency Contact Name:	Number:
Email:	
Date of Birth: ____/____/____ (Day/Month/Year)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	

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: (ONLY TICK ONE BOX)	
<input type="checkbox"/> To get a job	
<input type="checkbox"/> To develop my existing business	
<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"/> No <input type="checkbox"/> Yes 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? <input type="checkbox"/> No <input type="checkbox"/> Yes
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"/> YES/NO Depression <input type="checkbox"/> YES/NO
<b>If yes, please discuss with us, so we can work with you</b>

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"/> LLN TEST
<input type="checkbox"/> (FF) <input type="checkbox"/> ( C ) <input type="checkbox"/> ( S ) <input type="checkbox"/> STUDENT CARD <input type="checkbox"/> STUDENT REF NUMBER

**Previous Qualifications and Schooling**

Have you SUCESSFULLY completed or are currently enrolled in any qualifications?  YES, please specify  NO  
 Certificate I  Certificate II  Certificate III  Certificate IV  Diploma  Advanced Diploma  
 Bachelor/Higher Degree  Other Certificate (please specify) \_\_\_\_\_

Currently attending Secondary School?  Yes  No

What year did you finish school?

Highest School Level:

**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**

I hereby agree the information contained in this document is true and correct and I will abide by the rules and conditions required.  
I confirm that I have been provided with information to make an informed decision to enrol into this qualification and notified of The Flower School’s refund policy, Student Handbook and other relevant polices available at any time in The Flower School’s website [www.theflowerschool.com.au](http://www.theflowerschool.com.au)  
I understand the costs involved with purchasing flowers weekly and was advised of this fee in advance of enrolment.  
I understand that I will be required to fill out and return a Training Employment Survey within three months after training.  
I hereby agree to give The Flower School PTY Ltd permission to use my data above to search or verify my USI with the Australian Government and in the instance that I do not have a USI and am not able to apply for one, I give The Flower School Pty Ltd permission to assist or apply on my behalf, I agree to the USI Privacy Notice as found on [www.theflowerschool.com.au](http://www.theflowerschool.com.au)

Participant Signature: \_\_\_\_\_ / Date: \_\_\_\_\_

Parent / Guardian Signature (if participant under 18) \_\_\_\_\_ / Date: \_\_\_\_\_

**Payment Options**

**Deposit is required on enrolment.** I agree to advise The Flower School Pty Ltd no later than 5 working days prior to the course of any changes.

- Direct Deposit - 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)

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