



The Flower School Pty Ltd - Enrolment Form

Today's Date: / /

Student ID (office use only): _____

Student Details: *The name you supply should be your legal name as it appears on your identity documents & your USI record.*
All fields are Mandatory

Unique Student Identifier (USI): _____

If you do not currently have a USI, you will be required to create one. Go to www.usi.gov.au and follow the instructions to create your USI.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other *please list:*

First Name: _____ Middle Name/s: _____ Last Name: _____

Do you have a Previous Name Yes ☐ No ☐ (*i.e. Maiden name, legal change of name*):

Residential Address:

Suburb:

Post Code:

Mobile Phone:

Home Phone:

Gender: ☐ Male ☐ Female ☐ Unspecified

Identify as: ☐ He/Him ☐ She/Her ☐ They/Them

Email:

Date of Birth: _____ (Day / Month / Year)

Emergency Contact: *The person you want us to contact in an emergency:*

First Name:

Last Name:

Relationship to student:

Contact number

Accredited Certificate Courses delivered at 9/50 Northlink Place, Virginia Queensland 4014 **TICK ONE BOX ONLY**

SFL20115 Certificate II in Floristry ☐

SFL30115 Certificate III in Floristry ☐

SFL40115 Certificate IV in Floristry ☐

Study Option: Full-time ☐ Part-time ☐ Night/Saturday ☐ Remote via Zoom ☐ Traineeship ☐

Date of Course:

Employment Status – Which of the following Categories best describes your current employment status: TICK ONE BOX ONLY

☐ 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)

Study Reason: *Of the following options listed below which BEST describes your main reason for undertaking this training?*

TICK ONE BOX ONLY

☐ To get a job

☐ To develop my existing business

☐ To start my own business

☐ It was a requirement of my job

☐ To try for a different career

☐ For personal interest or self-development

☐ To get a better job or promotion

☐ It was a requirement for my job

☐ I wanted extra skills for my job

☐ To get into another course of study

☐ Other: please specify:

Nationality, Language and Cultural Identity information:

Select one of the following to identify your citizenship status:

☐ Australian Citizen

☐ New Zealand Citizen

☐ Australian Permanent Resident

☐ VISA: Please specify Class: Please specify Subclass:

Country of Citizenship:

Country of Birth:

City of Birth:

Main language spoken at home:

Do you speak language/s at home other than English? ☐ No ☐ Yes If Yes – Please Specify:

How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Do you require language or literacy assistance? ☐ No ☐ Yes

Do you identify yourself as: Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal / Torres Strait Islander ☐

None of these ☐

Education Background/Schooling TICK ONE BOX ONLY

What is your highest completed school level?

Did not go to school ☐ Year 8 or below ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐

Which year did you complete that school level?

Are you still attending secondary school? ☐ No ☐ Yes

If yes, provide your current year level and name of school:

Grade: Name of school:

Disability and Support information:

Do you consider yourself to have a disability, impairment or long-term condition? ☐ No ☐ Yes

If Yes, please specify the areas of disability or long-term conditions:

☐ Hearing/ Deafness

☐ Medical

☐ Vision

☐ Neurological condition

☐ Physical

☐ Acquired brain injury

☐ Intellectual

☐ Other

☐ Mobility

Description of Condition (if applicable):

Mental Health information:

Do you consider yourself to have a Mental Health Condition? ☐ No ☐ Yes

If Yes, please specify the areas of Mental Health conditions:

☐ Anxiety

☐ Depression

☐ Schizophrenia

☐ Post Traumatic Stress Disorder

☐ Bipolar

☐ Attention Deficit Hyperactivity Disorder (ADHD)

☐ Dissociative Disorders

☐ Other

Description of Condition (if applicable):



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Highest Level of Completed Education (Australia or International)

Have you **SUCCESSFULLY** completed or are currently enrolled in any qualifications? ☐ No ☐ Yes, if yes, please specify:

☐ Certificate I ☐ Certificate II ☐ Certificate III ☐ Certificate IV ☐ Diploma ☐ Advanced Diploma
☐ Bachelor/Higher Degree ☐ Postgraduate Degree ☐ Other Certificate please specify:

Where did you complete your qualification/s: ☐ Australia ☐ International

If Yes, please specify:

Qualification Title/s:

Year:

Queensland Government Certificate 3 Guarantee (C3G) Subsidised Funding.

THE FLOWER SCHOOL PTY WILL ADVISE IF THIS IS APPLICABLE TO YOUR ENROLMENT

Under the Certificate 3 Guarantee and Higher Skills Programs, the Queensland Government provides a subsidy for selected Certificate I, II, III, Certificate IV or higher-level qualifications or priority Skills Sets aligned to critical occupations identified by government and industry. For more information, refer to the Department of Youth Justice, Employment, Small Business & Training Fact sheet: [Click Here](#)

To be eligible individuals must:

1. be aged 15 years or over, and no longer at school
2. permanently reside in Queensland
3. be an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen
4. when enrolling into a Certificate III or below you must not hold, and not be enrolled in, a Certificate III or higher-level qualification (including an Apprentice or Traineeship), not including qualifications completed at school and foundation skills training or:
5. when enrolling into a Higher-Level Skills Program you must not hold, and not be enrolled in, a Certificate IV or higher-level qualification
6. specific restrictions may apply to participation in certain subsidised qualifications; you will be advised of any restrictions prior to enrolments.

☐ I confirm that I am **not currently enrolled** in any other qualifications which would result in me being ineligible for this enrolment to proceed. (refer to points 4 and 5 above).

☐ By enrolling into a Certificate III in Floristry, I confirm that I **do not already hold a Certificate III or higher-level qualification.**(refer to point 4 above)

☐ By enrolling into a Certificate III in Floristry with The Flower School, and receiving the Certificate 3 Guarantee funding, **you acknowledge that you are only entitled to access this government subsidised training for one completed Certificate III.** For this reason, it is very important that prior to signing this enrolment form and committing to the Certificate III in Floristry at The Flower School, you will use up the C3G entitlement. Please take the time to consider if this the course you are choosing if right for you.

How did you hear about us?

☐ Google ☐ Friend ☐ Work ☐ Trade Show / Expo ☐ Advertisement ☐ Other Please specify:

Evidence of Identity

All students enrolling with The Flower School must provide evidence of identity prior to enrolment. This identity check must be completed prior to enrolment and prior to the issue of a Student ID Card. The evidence you supply The Flower School must enable us to verify:

- Your identity, including full legal name and date of birth
- Residency status, including current residential address and country of citizenship
- Concession eligibility information where applicable

Note: Identity documents must be current - expired ID cannot be accepted.

TWO DOCUMENTS MUST BE SUPPLIED

- ☐ Queensland Driver Licence, front and back ☐ Heavy vehicle or marine licence
- ☐ Medicare card
- ☐ Adult Proof of Age (18+) or Photo Identification Card (15+)
- ☐ Pensioner Concession ☐ Health Care Card ☐ Commonwealth Seniors Health Card
- ☐ Australian birth certificate—full, not an extract or commemorative certificate
- ☐ Australian or foreign passport ☐ Australian citizenship certificate ☐ Visa Status details & conditions

Student 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 and Terms and Conditions. This information can be found on The Flower Schools website under Student Handbook; [Click Here](#)

I understand the costs involved with purchasing flowers weekly and was advised of this fee in advance of enrolment.

I hereby agree to give The Flower School PTY Ltd permission to use my data above to search on the Apprentice Info Self Service on the Department of Youth Justice, Employment, Small Business and Training portal for previous qualifications obtained in Queensland.

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 our website for further information [Click Here](#)

Participant Signature: _____ / Date: _____

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

Payment Options

Please note a 1.5% processing surcharge will apply for all card payments

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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (+ 1.5% Surcharge)

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

Office Admin Use Only

☐ LLN TEST (If applicable) ☐ Create Student ID ☐ aXcelerate ☐ Outlook ☐ Folder ☐ File ☐ XERO ☐ Mailing List

Verify: Student identification check has been verified - hard & soft copies stored in student's file ☐

Office Administrator Name: _____ Date: _____

Consultation interview ☐ Date: _____ Time: _____ Attended: ☐

TICK ONE BOX ONLY ☐ (FF) ☐ (C) ☐ (S)