

Axis Domestic Application Form

PERSONAL INFORMATION

Full Legal Name (First, Middle, Last):

Date of Birth (D/M/Y):

Gender: ☐ Male ☐ Female ☐ Other

Unique Student Identifier (USI):

Residential Address:

Postal Address (if different):

Phone Number:

E-mail Address:

DEMOGRAPHIC INFORMATION

Indigenous Status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Disability Status: ☐ Yes (If yes, specify) ☐ No

Country of Birth:

Language Spoken at Home:

Citizenship/Residency Status: ☐ Australian Citizen ☐ Permanent Resident ☐ Other Visa (Specify):

EDUCATIONAL BACKGROUND

Highest Level of School Completed- ☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Other:

Year of Completion:

Previous Educational Qualifications: ☐ Yes ☐ No

If yes, specify qualification (e.g., Certificate III, Bachelor's degree):

EMPLOYMENT STATUS

☐ Full-time ☐ Part-time ☐ Unemployed ☐ Not in workforce

Occupation/Job role (If employed):

COURSE AND ENROLMENT INFORMATION

Course Code:

Course Title:

Study Mode: ☐ Full-time ☐ Part-time ☐ Flexible

Delivery Mode: ☐ Classroom ☐ Online ☐ Workplace

Enrolment Start Date:

Expected Completion Date:

CAMPUS LOCATION

☐ Brisbane City ☐ Parramatta

VOCATIONAL EDUCATION AND TRAINING COURSE

Fee Payment Type: ☐ Fee-for-Service (Private) ☐ Employer-Sponsored

Concession Eligibility: ☐ Yes (Provide evidence of concession card) ☐ No

Employer/External Funding Body (if applicable):

STATISTICAL INFORMATION

Reason for Undertaking the Course (Select one),

- ☐ To get a job
- ☐ To develop my existing business
- ☐ To start my own business
- ☐ To try for a different career
- ☐ To get a better job or promotion
- ☐ It was a requirement of my job
- ☐ To gain extra skills for my job
- ☐ For personal interest or self-development
- ☐ Other (specify):

RECOGNITION OF PRIOR LEARNING

☐ I wish to apply for recognition of prior learning (RPL).

SURVEY PARTICIPATION CONSENT

☐ Yes, I consent to participate in NCVER surveys ☐ No, I do not consent

ADDITIONAL NOTES

Special Requirements (e.g., learning support, disability support, etc.):

Emergency Contact Information (Name, Relationship, Phone):

AGREEMENT

☐ I certify that the information provided on this form, including attachments is true and correct. I have read, understand, and agree to the terms and conditions of enrolment as set out overleaf (pages one and two).

Signature:

Date:

Application forms must be signed and complete. Applications can be submitted in person or posted to Axis Institute, Level 6, 359 Queen Street, QLD, 4000
Email: info@axisinstitute.edu.au

DOCUMENTS REQUIRED

Please attach the following documents with your application form:

- Proof of Visa Status (if not born in Australia)
- Copy of Photo ID (driver's license, proof of age card, passport)
- Proof of address (If missing on above documents)

Additional Documents that may be required:

- Proof of previous qualifications, academic documents
- If applying for recognition of prior learning, please submit resume
- Copy of Birth Certificate, Medicare Card or other secondary evidence of identity