

Qualification Enrolment Form

SECTION A: PERSONAL INFORMATION

Full Name (as per Birth Certificate):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Nationality:	Ethnicity (optional):
TIN Number:	
Residential Address:	
Mobile Contact:	Email Address:
Emergency Contact Person:	Relationship:
Emergency Contact Number:	

SECTION B: EDUCATION & ACADEMIC BACKGROUND

Highest Qualification Completed: (Please tick)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate
---	--

List of two prior institutions attended: This do not apply to high school leavers with no qualifications.

Institution Name	Qualification	Year Completed

SECTION C: EMPLOYMENT DETAILS (This do not apply to high school leavers with no work experience)

Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other: _____
Employer / Company Name:	
Position / Occupation:	
Years of Experience:	

SECTION D: PROGRAMME SELECTION

Name the qualification you are applying for such as Certificate III, Certificate IV, Diploma, Advance Diploma or Professional Diploma.

Qualification:	
Preferred Study Mode:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Blended Learning
Preferred Intake:	Year: _____ Trimester/Cohort: _____

SECTION E: SPONSORSHIP / PAYMENT DETAILS

Fee Payment Method:	<input type="checkbox"/> Self-Funded <input type="checkbox"/> Employer-Sponsored <input type="checkbox"/> FNPf <input type="checkbox"/> TSLs <input type="checkbox"/> Other
----------------------------	--

SECTION F: MEDICAL & WELLBEING INFORMATION

Do you have any existing medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Do you require disability accessibility and learning support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe support needed:	

SECTION G: DOCUMENT CHECKLIST

Required Documents	Tick
Birth Certificate	<input type="checkbox"/>
Two Passport Size Photos	<input type="checkbox"/>
TIN Letter/Card or any other valid ID	<input type="checkbox"/>

SECTION H: APPLICANT DECLARATION

I hereby declare that:

- The information provided is true and correct.
- I agree to follow all rules and policies of Oceania Institute of Technology.
- I understand that fee payment requirements, attendance rules, and assessment policies must be adhered to.

- I give consent for my information to be used for academic and regulatory compliance.

Signature of Applicant:	
Date:	

SECTION I: OFFICE USE ONLY

Application Received By:	Date:
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Pending (Docs Required) <input type="checkbox"/> Rejected
Programme Approved:	
Student ID:	
Comments / Notes:	
Admissions Officer Signature:	Date: