



CHARLES TELFAIR  
INSTITUTE



## ENROLMENT/RE-ENROLMENT FORM

Family Name:	Given Name/s:
Date of Birth:	Contact Number Cell : Home : Office :
Email address:	

### STUDY MODE

FULL TIME ☐

PART TIME ☐

### COURSE DETAILS

Tick box next to course you wish to enroll/re-enroll for:

#### BUSINESS PROGRAMMES

Certificate III in Business	<input type="checkbox"/>		
Diploma of Business (Part 1)	<input type="checkbox"/>	Diploma of Business (Part 2)	<input type="checkbox"/>
Diploma of Marketing (Part 1)	<input type="checkbox"/>	Diploma of Marketing (Part 2)	<input type="checkbox"/>
Diploma of Logistics (Part 1)	<input type="checkbox"/>	Diploma of Logistics (Part 2)	<input type="checkbox"/>

#### IT PROGRAMMES

Certificate III in Information, Digital Media & Technology	<input type="checkbox"/>	Diploma of Software Development	<input type="checkbox"/>
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#### CHILDREN SERVICES PROGRAMMES

Diploma of Early Childhood Educations and Care (ECEC)	<input type="checkbox"/>
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#### COMMUNITY SERVICES WORK PROGRAMMES

Certificate III in Community Services Work	<input type="checkbox"/>
Diploma of Community Services Work	<input type="checkbox"/>

For re-enrolled students - list below all the units you wish to re-enroll on:


Date: \_\_\_\_\_ Student’s signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

CHECKED BY: \_\_\_\_\_  
(Future Students Centre)

INVOICE RAISED BY: \_\_\_\_\_ INVOICE NO: \_\_\_\_\_