

NURSES AROUND THE CLOCK PTY. LTD.
RTO 90973
STUDENT ENROLMENT CHECKLIST CHC30208

Applicants are required to complete and provide the relevant enrollment documentation listed below. N.B. Original copies of identification must be sighted upon enrollment.

First Name: _____ Last Name: _____

Tel/Mob: _____ Email: _____

Office Only

Student ID: _____ Course Ref: _____

ENROLLMENT DOCUMENTATION	SUBMITTED	COMPLETED
COURSE BROCHURE	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>
FEE PAYMENT SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>
FEE REFUND POLICY	<input type="checkbox"/>	<input type="checkbox"/>
COURSE REGISTRATION FORM	<input type="checkbox"/>	<input type="checkbox"/>
LITERACY & NUMERACY TEST	<input type="checkbox"/>	<input type="checkbox"/>
AFP APPLICATION FORM	<input type="checkbox"/>	<input type="checkbox"/>
PHOTO ID – PASSPORT/LICENCE	<input type="checkbox"/>	<input type="checkbox"/>
PASSPORT PHOTOS X 2	<input type="checkbox"/>	<input type="checkbox"/>
CREDIT TRANSFER APPLIC (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
RPL INFORMATION (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
RPL CERT/STATE OF ATTAIN (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
CV / RESUME	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Student Signature _____

Authorised Staff Signature _____