

Trainee Admission Course Enrolment Form - Victoria



Please fill in all sections of this form using CAPITAL letters and in blue or black ink.

Title: _____ Surname: _____ Middle Name: _____

First Name: _____ Preferred First Name (if different): _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Gender: Male Female

Employer: _____

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____ Country: _____

Home Telephone: _____ Mobile Telephone: _____

Work Telephone: _____ Facsimile: _____

Email address: _____ Work email: _____

Postal address for all correspondence (if different):

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____ Country: _____

Q1. Which of the following applies to you?

- Australian citizen (inc. Australians with dual citizenship) New Zealand citizen (attach documentary evidence)
 Not Australian citizen (attach documentary evidence)

Q2. Are you of Aboriginal or Torres Strait Islander origin?

- Neither Aboriginal nor Torres Strait Islander origin Of Aboriginal origin
 Of Torres Strait Islander origin Of Aboriginal origin and Torres Strait Islander origin

Q3. In which country were you born? _____

Q4. If you were not born in Australia, in which year did you first arrive in Australia? _____

Q5. What language, other than English, is spoken at your permanent home residence? _____

Q6 (a) Do you have a disability, impairment, or long term medical condition which may affect your studies? Yes No

Q6 (b) If yes, please indicate which of the following apply.

Hearing Vision Learning Mobility Medical Other _____

Q6 (c). If you answered yes, would you like advice on support services and facilities which may assist you? Yes No

Q7. What is the highest level of education you have completed? Grad Diploma Bachelors Masters Doctorate

Course Preference

Q8. Please indicate the program code for which you wish to apply:

Offering Code	Enrolment Date	Start Date	End Date
VT106F Full-time	24 Jun 10	19 Jul 10	29 Oct 10
VT112F Full-time	TBC	10 Jan 11	21 Apr 11
VT114F Full-time	TBC	18 Apr 11	5 Aug 11
VT116F Full-time	TBC	18 Jul 11	28 Oct 11

Please note: Enrolments are subject to availability.

Trainee Admission Program Enrolment Form - Victoria



Please indicate the subjects for which you wish to apply:

Trainee Admission Program	Code	Fee
<input type="checkbox"/> External Training Suite Ethics and Professional Responsibility Lawyer's Skills Risk Management	EXT	\$2,900
Supplementary Training Subjects	Code	Fee
<input type="checkbox"/> Civil Litigation Practice	CLP	\$1,500
<input type="checkbox"/> Commercial and Corporate Practice	CCP	\$1,500
<input type="checkbox"/> Property Law Practice	PP	\$1,500
<input type="checkbox"/> Trust and Office Accounting	TOA	\$750
<input type="checkbox"/> Administrative Law Practice	ALP	\$750
<input type="checkbox"/> Criminal Law Practice	CP	\$750
<input type="checkbox"/> Family Law Practice	FP	\$750
<input type="checkbox"/> Consumer Law Practice	CON	\$750
<input type="checkbox"/> Employment and Industrial Relations Practice	EIR	\$750
<input type="checkbox"/> Planning and Environmental Law Practice	PEL	\$750
<input type="checkbox"/> Wills and Estates Law Practice	WE	\$750
	TOTAL	

Conditions of Enrolment

By signing this application form you:

- Undertake to familiarise and comply with The College of Law Rules and Program requirements available in the Course Manual located at www.collaw.edu.au
- Undertake to advise The College of Law if you change your address or contact details.
- Acknowledge the Withdrawal, Refund and Transfer Fee Policies in the Course Manual, including the Incidental Administrative penalties for transfer or early withdrawal.
- Recognise that The College of Law will require certification indicating English proficiency for overseas students.
- Authorise The College of Law, under the **Privacy Act 1988**, to utilise and disclose personal details for official use only which may include reports to Supreme Court admission agencies and research on behalf of The College of Law.
- Acknowledge the full tuition fee for all subjects to be undertaken must be paid upfront before the commencement of the start date.
- Ensure you have an approved Training Plan from the Board of Examiners.

Signature of applicant: _____ **Date:** _____

Payment details I wish to pay by:

Please send an Invoice to: _____

Cheque – Payable to The College of Law

Visa Mastercard Amex Card No: _____ / _____ / _____ / _____

Name as it appears on card: _____ Signature of the card holder _____

Expiry Date: ____/____/____ CCV Code _____ Amount to be charged to card \$ _____

Electronic Fund Transfer (EFT) Visit: www.collaw.edu.au/paymentoptions for EFT details

Return Enrolment Forms to:

Student Services
The College of Law
P.O. Box 2, St Leonards NSW 1590 or
DX 3316 St Leonards
Ph: 1300 856 111
Fax: 02 9965 7144
Email: enrolments@collaw.edu.au