

CLINICAL EXPERIENCE MODULE ENROLMENT FORM

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

Student ID

CEM Course Code I have completed my Coursework Component

Title First Name Surname

Date of Birth Gender Male Female

Contact Number Primary Email

Postal Address for all correspondence (if different from existing address)

Address

Suburb

State Postcode Country

My elective choice for the Clinical Experience Module is: Consumer Law Practice
You must choose a different elective to the one chosen in your Coursework Component Employment and Industrial Relations Law Practice

I have completed 25 days of approved Work Experience and provided an acceptable Declaration Form

If you are submitting your Declaration Form with this Enrolment Form, please allow 10 working days for processing prior to your chosen Clinical Experience Module course start date.

Conditions of Enrolment: by signing this enrolment form you:

- Undertake to familiarise and comply with The College of Law Rules and Program requirements available in the Program Manual at www.collaw.edu.au
- Authorise The College of Law to obtain relevant information from the institution where you obtained your law degree if required.
- 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 Program Manual, including the penalties for transfer or early withdrawal.
- Acknowledge The College's reporting responsibilities under the Education Services for Overseas Students Act 2000 or Higher Education Support Act 2003.
- 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.
- Undertake to receive all notices and correspondences including Commonwealth Assistance Notices electronically.

Signature of Applicant Date (DD/MM/YYYY)

PAYMENT DETAILS - PAYMENT OF \$1,370 IS REQUIRED IN ADVANCE.

FEE-Help Cheque made out to The College of Law

Electronic Funds Transfer (EFT) - see www.collaw.edu.au/payment-options for bank account details or call 1300 856 111

Credit Card Visa Mastercard Amex No. on Card

Name as it appears on card Amount to be charged

Expiry Date CCV Code Signature

Please **SIGN** and return your form, along with any accompanying documentations to:
Student Services, The College of Law, PO BOX 2, St Leonards, NSW 1590.