



## PERSONAL DETAILS

First Name/s

Date of Birth

day		month		year			
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Telephone/Mobile

Nationality

Visa Type

Student  Visitor  Working Holiday  Other

if other, please specify: \_\_\_\_\_

Address in Australia (if known)

Suburb/City	
Post Code	State

Family Name/s

Gender

Male  Female  Unspecified

Email

Passport Number

Australian Visa No. (if any)

Expire Date

day		month		year			
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Home Country Address

Suburb/City	
Post Code	State

Previous Education

High School  College  University  Other \_\_\_\_\_

USI Number

All VET students studying nationally recognised training in Australia must have a Unique Student Identifier, if you require help with this please ask CTI staff.

**Note:** If you apply through an approved Canterbury Technical Institute agent, all correspondence will be forwarded through that agent.

## COURSE

(HLTAID011) Provide First Aid

Delivery Dates

1<sup>st</sup> April, 2026  3<sup>rd</sup> June, 2026  
 5<sup>th</sup> August, 2026  7<sup>th</sup> August, 2026  
 4<sup>th</sup> November, 2026

## ENGLISH PROFICIENCY

Level of English

Beginner  Intermediate  Upper Intermediate  Advanced

Do you have any IELTS / TOEFL / Other (Specify) Scores?  Yes  No if yes, what is the score: \_\_\_\_\_

## DISABILITY SUPPORT

Do you have a disability, impairment or long term medical condition which may affect your studies?

Yes  No if yes, please specify: \_\_\_\_\_

## FEE & REFUND

Fee for the course: **AUD \$100.00** unless the student has been approved for a special.

\* No refund if the student cancels 48 hours prior to session date and if he/she fails to attend.

## DECLARATION

I hereby declare that all information provided in this form is true, correct and to the best of my knowledge.

I have read, understood & accepted the terms and conditions of enrolment published in the Student Handbook posted on the CTI website.  
(<http://cti.qld.edu.au> - see Download section in Student Information)

I acknowledge that I have read the information contained in the student handbook. I understand that the information provided in this form may be provided to State & Commonwealth agencies and I consent to the release.

Student's Signature  
(initial)

Date

day		month		year			
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