

**RSPCA ENROLMENT FORM**

RSPCA DETAILSDet

Rspca Name ------------------------------------------------------------------------------

Rspca Address ------------------------------------------------------------------------------

Rspca State ails ------------------------------------------------------------------------------

Rspca Phone ------------------------------------------------------------------------------

Rspca Email ------------------------------------------------------------------------------

Rspca Vet Director Name ------------------------------------------------------------------------------

COURSE DETAILSDetails

* Course Name/s  ------------------------------------------------------------------------------
* ------------------------------------------------------------------------------
* ------------------------------------------------------------------------------
* Course Code/s  ------------------------------------------------------------------------------
* Course Fee/s Each ------------------------------------------------------------------------------
* Course Fee/s Total ------------------------------------------------------------------------------
* Course 10% Deposit ------------------------------------------------------------------------------
* Start Date (7 days from deposit) ------------------------------------------------------------------------------
* *\*TISOVN will not hold seats for students. A 10% deposit is required at enrolment with the direct debits commencing 7 days after.*
* *Students who want to pay in full will need to do so within 7 days of enrolment.*

PERSONAL DETAILS

Title -------------------------------------------------------------------------------

First Name -------------------------------------------------------------------------------

Last Name -------------------------------------------------------------------------------

Gender -------------------------------------------------------------------------------

D.O.B -------------------------------------------------------------------------------

Address -------------------------------------------------------------------------------

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Telephone -------------------------------------------------------------------------------

Email -------------------------------------------------------------------------------

DISABILITY

Do you consider yourself to have a disability, impairment [ ] Y [ ] N or long term-condition? -------------------------------------------------------------------------------

If Yes, then please indicate the areas of disability------------------------------------------------------------------------------ impairment or long-term condition.

Would your disability, impairment or long-term condition--------------------------------------------------------------------- affect your ability to complete this course?

PAYMENT OPTIONS

Please tick one option only

[ ] Payment in Full through Pay Advantage [ ] Direct Debits ---------- p/w (state amount)

**Students will receive via sms/email, the necessary form to complete for payments through Pay Advantage.**

***Surcharge applies with Pay Advantage***

[ ] Bank Transfer Name: TISOVN

BSB: 014 125

ACC: 4128 02173

REF: (Your Name)

Amount:

Bank transfer is for payment in full only

*Why do you want to study at TISOVN?*

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STUDENT AGREEMENT

This is the Agreement between you and The international School Of Veterinary Nursing (TISOVN) for the course/s you are undertaking with or through TISOVN. This Agreement sets out your obligations to TISOVN and by accepting it you are acknowledging that you have read it and understand it.

**Your Obligations**

1. Your obligations under this Agreement include:

\* you agree to pay all fees associated with your course plus GST, if applicable

* \* you confirm that you fulfill all entry requirements
* \* you confirm that all information you provided to TISOVN was accurate and complete and not misleading
* \* you must inform TISOVN in writing within seven (7) days of any corrections or changes to your personal details including name, residential or postal address, email address and phone numbers;
* \* you must maintain a current email address for the duration of your course as TISOVN will communicate with you via email

\* you agree that if you submit another students assessment as your own then you will be expelled from TISOVN.

\* you agree that if you miss one direct debit payment that you will be suspended from the school until you have paid your direct debit arrears. If you miss two consecutive payments then you will be removed from the school for payment failure and will need to pay for the remainder of your course in full in order to continue.

\* you agree that you will not receive any refunds after the 7 day cooling off period

\* you agree that you will not receive any certificates until all course fees are paid in full and when all units have been completed.

\* you agree to submit an assessment every month

\* you agree that if you don’t submit an assessment within six months, you will be removed from the school.

* **Accepting this Agreement**

You have accepted this Agreement by:

\* Signing the enrolment form

**Course Fees**

Subject to the Australian Consumer Law, if you do not pay the Course Fees by the due date or if you are late with a repayment or if you stop payments altogether then TISOVN may:

* 1. withhold the materials for your course; and/or
  2. restrict access to student portal and/or
  3. withhold the grading of assessments; and/or
  4. cease or suspend any other obligation
  5. notify relevant credit agencies of your default; and/or
  6. withdraw you from the course.

It is your responsibility to ensure that on the due date for any direct debit payment, clear funds are available in your nominated account to meet the direct debit payment.

The Course Fees do not include:

* 1. travel, accommodation or other personal costs (such as uniforms) associated with undertaking a work placement, insurance or workplace assessments;

**Cancellation and Refund**

If you wish to terminate your studies, you must notify TISOVN in writing (**Cancellation Request**).

**Special Consideration**

If you encounter difficulties or changed circumstances that are serious and continuing and are likely to materially impact on your ability to complete your course, you can apply for Special Consideration.

To apply for Special Consideration, you must submit a Special Consideration Request Form to TISOVN,

If Special Consideration is granted TISOVN may agree to:

\* release you from the payment of future instalments of the Course Fees

\* students will not be permitted to enroll in any of TISOVN courses or attend any seminars or workshops

**Without limitation, Special Consideration or cancellation will not be given if you seek only on the basis that:**

\* you have changed jobs;

\* your work hours changed;

\* you have moved address (including inter-state or international moves);

\* you find the course more difficult, time consuming or stressful than you had expected; or

\* you have resigned from or terminated your employment.

**cooling off period**

Cooing off period is 7 days from receipt.

It is a requirement of the Privacy Act 1988 that you are informed about the collection of your personal information and how we may use it. The personal information you provide on this form is being collected for the purpose of processing your enrolment as a student, and assisting us in improving our service to you. The International School Of Veterinary Nursing is collecting the information. You have a right of access to and alteration of personal information. Should you have any questions, email us at [admin@tisovn.com](mailto:admin@tisovn.com)

**Check List –**

-  I have completed all sections of this enrolment form -  I have read the F&Q (on the home page) and student agreement -  I have read the course information on the website at  www.tisovn.com -  I understand I will be sms/emailed the payment form for processing direct debits - I understand that I am required to submit an assessment every month

- I understand that if I don’t submit an assessment within six months, I will be removed from the school.

- I understand that if I miss one direct debit payment that I will be suspended from the school until I have paid my direct debit arrears. If I miss two consecutive payments then I will be removed from the school for payment failure and will need to pay for the remainder of my course in full in order to continue

- I understand that it is not TISOVN responsibility to remind me to submit assessments, to complete exams, to make repayments or to remind me that my course is nearly finished.

- I understand that the FAQ’s are updated from time to time and it is my responsibility to read them

[ ] I understand and agree to the checklist

ACCEPTANCE

I hereby confirm that I have read, understood and agreed to The F&Q, the check list and Student Agreement Section.

Student Name (Please print your full name)-----------------------------------------------------------------------------------

Date (DD / MM / YYYY) -----------------------------------------------------------------------------------

Student Signature (Please sign here) -----------------------------------------------------------------------------------

***How did you hear about TISOVN?***

[ ] Google

[ ] Facebook

[ ] RSPCA

[ ] Vet Clinic (which one)-------------------------------------------------------------------------------------------------------------

[ ] Referred (by who) ----------------------------------------------------------------------------------------------------------------

[ ] Other (please specify)------------------------------------------------------------------------------------------------------------