****

For further information please contact a Course Advisor at admin@tisovn.com or visit our website at [www.tisovn.com](http://www.tisovn.com)

Email – admin@tisovn.com

**SBT ENROLMENT FORM**

**Please make sure you have read this form in its entirety as students need to check boxes**

SCHOOL DETAILSDet

School Location ------------------------------------------------------------------------------

School Address ails ------------------------------------------------------------------------------

School Phone ------------------------------------------------------------------------------

School Email ------------------------------------------------------------------------------

Principal Name ------------------------------------------------------------------------------

COURSE DETAILSDetails

* Course Name/s  ------------------------------------------------------------------------------
* ------------------------------------------------------------------------------

Course Code/s  ------------------------------------------------------------------------------

* Course Fee Total ------------------------------------------------------------------------------

Start Date -------------------------------------------------------------------------------

(State the date of when you want the first payment to be deducted)

**Cooling Off Period**

Cooling off period is 7 days from receipt. Until May 1st, 2020 students can opt for direct debit instalments. The start date is 7 days from receipt. If students are opting to pay in full, then the payment is to occur 7 days from receipt. If this is not filled out correctly, then your enrolment will not be accepted.

After May 1st, 2020 students will not be offered payment plans through TISOVN. See FAQ for more information and other alternatives.

PERSONAL DETAILS

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

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

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

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

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

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

-------------------------------------------------------------------------------

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

Payment Option [ ] Payment in Full [ ] Direct Debit Instalments

How much do you want to pay a week? -----------------------------------------------------------------------------------------

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

*TISOVN reserves the right to not accept students into the school*

STUDENT AGREEMENT

This is the Agreement between you and The international School Of Veterinary Nursing (TISOVN) for the course 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

**Accepting this Agreement**

You have accepted this Agreement by:

\* Signing the enrolment form

**Workplace Assessment Obligations**

\* you must find a suitable workplace or workplaces to undertake the clinic placement components of your course;

* \* To complete your course, you must complete all mandatory workplace assessments and exams and work place hours

**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 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. postage of any assessments
  2. 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

**Without limitation, Special Consideration will not be given if you seek Special Consideration 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. Students need to state the start date 7 days from enrolment form submission. For example, if you apply and enrol in a course on the 1st February, then your start date will be the 7th February and this is what you will state on your enrolment form.

**Insurance**

Students are responsible for obtaining their own insurance for the duration of their work placement. Prior to obtaining insurance, it is recommended that all students verify with their clinic that insurance is not already covered.

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 - Please tick the following:** -  I have completed all sections of this enrolment form yes [ ] -  I have read the F&Q (on the home page) and student agreement yes [ ] -  I have read the course information on our website at  www.tisovn.com yes [ ] -  I understand I will be sms/emailed the payment form for processing yes [ ] - I understand that if I have not submitted an assessment within six months from enrolment, then I will be removed from the school. yes [ ]

ACCEPTANCE

I hereby confirm that I have read, understood and agreed to The F&Q and Student Agreement Section. I have attached the enrolment form and application letter.

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

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

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

**Assessments**

If you do secure a seat at TISOVN then it is a requirement that you submit a minimum of one short course assessments per month and two qualification course assessments per month. This is part of your agreement. In order to achieve your goal, you must do the work. If you have not submitted an assessment within six months from enrolment, then you will be removed from the school. It is really important that you do the work, otherwise you are taking a seat that could belong to another who is willing to do the work.

Do you agree to this?

[ ] Yes

[ ] No

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

[ ] Google

[ ] Facebook

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

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

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