

PLEASE WRITE ALL ANSWERS CLEARLY & COMPLETE ALL RELEVANT SECTIONS OF THIS FORM.

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Completed and signed forms can be scanned and submitted electronically to: recruit@aim.edu.au

1. STUDENT DETAILS

Surname _____ First Name _____ Gender Male Female

Address _____ Suburb _____ State _____ Postcode _____

Email _____ Date of Birth _____

Telephone (Mobile) _____ (Other) _____

Do you have any special needs or medical conditions that should be taken into consideration?

What school do you currently attend?

2. NEXT OF KIN / PARENT / GUARDIAN

Given Names _____ Family Name _____

Home Phone _____ Mobile _____ Work _____

Email _____ Relationship to you _____

3. EMERGENCY CONTACT

Given Names _____ Family Name _____

Home Phone _____ Mobile _____ Work _____

Email _____ Relationship to you _____

4. COURSE AND SESSION DATES 2018*

COURSE NAME	SESSION DATES	COST	FORM AND PAYMENT DUE
<input type="radio"/> Electronic Music	TERM 2: Monday 30 April - Friday 6 July	\$595.00	Friday 9 March
<input type="radio"/> Music Industry	TERM 2: Monday 30 April - Friday 6 July	\$595.00	Friday 9 March
<input type="radio"/> Theatre Techniques	TERM 3: Monday 23 July - Friday 28 September	\$595.00	Friday 1 June
<input type="radio"/> Music Theory	TERM 3: Monday 23 July - Friday 28 September	\$595.00	Friday 1 June
<input type="radio"/> Music Production	TERM 3: Monday 23 July - Friday 28 September	\$595.00	Friday 1 June
<input type="radio"/> Performance Techniques	TERM 4: Monday 15 October - Friday 21 December	\$595.00	Friday 24 August
<input type="radio"/> Composition	TERM 4: Monday 15 October - Friday 21 December	\$595.00	Friday 24 August

**Please note: Classes are normally scheduled to occur on Tuesday or Thursday evenings 6pm – 8pm commencing 1st week of term indicated. Although the exact dates and times of each class will be confirmed approximately one month prior to commencement of relevant term. Please check our website www.aim.edu.au for latest information for your class commencement date and time & enrolment opening dates.*

Have you completed a Short Course Before? YES NO If yes, which course: _____

Please list any past experience or qualifications in relation to the course:

VERSION 13th January 2018

SYDNEY

1 Foveaux Street Surry Hills NSW 2010
 T 02 9219 5444 F 02 9219 5454
 E enquiries@aim.edu.au

MELBOURNE

120 King Street Melbourne VIC 3000
 T 03 8610 4222 F 02 9219 5454
 E enquiries@aim.edu.au

AIM.EDU.AU

ABN 89 003 261 112
 CRICOS Code 00665C
 PROVIDER No PRV12050

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5. PAYMENT

Short Courses are to be paid strictly in advance of first lesson
AIM will no longer be accepting cash payments. Please choose either Credit Card or Direct Deposit option.

Credit Card To make a payment, please call AIM Finance on 02 9219 5449

Direct Deposit Please include student name as reference and email receipt/proof of payment to ar@aim.edu.au
BSB 082 167
Account Number 86 444 3650
Bank National Australia Bank

6. POLICIES

FEES AND ENROLMENT

- Course enrolment is not finalised until payment has been made. Payment must be made by the due date indicated on page 1 of the enrolment form.
- Enrolment is for the duration of the course.
- There are no make up classes unless a class is cancelled by AIM
- There are no refunds for short courses unless the course is cancelled by AIM
- AIM reserves the right to cancel a course if the minimum number of students required for the course is not met one (1) week prior to course commencement. A full refund or credit note will be administered if this is the case
- Short Course students are not authorised to use AIM practice rooms or facilities outside of their course unless otherwise specified

EXPECTATIONS AND BEHAVIOUR

- Students/Parents/Guardians must proceed to the reception desk in Building A. They must sign in and will be issued a guest pass while on the AIM campus

COMMUNICATION

- All communication, including enrolment, concerts etc. should be conducted by emailing lessons@aim.edu.au

HEALTH AND SAFETY

- I/We acknowledge that we have fully disclosed any special needs (including but not limited to any medical, physical, learning or psychological needs) of the student. Where any disclosed special needs change or where any special needs arise, I/we agree to notify AIM immediately. I/ We also agree to complete the student's medical form accurately and provide term updates to AIM, including any health matter that arises during the year that may impact on other students or staff, or the ability of AIM to care for you or your son/daughter.
- If the student is ill or injured, necessitating urgent hospital and/or medical treatment (for example injections, blood transfusions, surgery) and if you/parent/guardian are not readily available to authorise such treatment, we authorise the Head of School or, in his/her absence, a responsible member of the AIM executive staff, to give the necessary authority for such treatment. I/We agree to pay all medical and ambulance expenses incurred on behalf of the student.
- I/We acknowledge that AIM seeks to maintain an environment that is safe for all students and in which learning can take place. I/We also acknowledge that to this end the Head of School or their nominee may search the student's bag, locker or other possessions where there are reasonable grounds to do so.
- I/We acknowledge that the student's personal property is not insured by AIM, therefore the school does not accept any responsibility for its loss or damage.

PRIVACY

1. We acknowledge that AIM may from time to time collect personal information about parents and students which may be necessary for AIM's function or activities. We authorise AIM to use and disclose information in such a manner as the Head of School may deem appropriate for the purposes of the Privacy Policy.
2. We give permission for photographs and videos of the student to be placed in the school's records, displayed from time to time around the AIM campus, be published in AIM publications, on its website and in other marketing and promotional material unless the Head of School has been advised or is advised in writing that the Parents do not give this permission.

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7. DECLARATION

I have read and understand the above polices and I confirm that my enrolment details are correct.

Student Name _____

Student Signature _____

Date / / (dd/mm/yyyy)

(If under 18 years Only)

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date / / (dd/mm/yyyy)

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