

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: : lessons@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 \_\_\_\_\_ Family \_\_\_\_\_

Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Relationship to \_\_\_\_\_

## 3. EMERGENCY CONTACT

Given \_\_\_\_\_ Family \_\_\_\_\_

Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Relationship to \_\_\_\_\_

## 4. COURSE AND SESSION DATES 2019\*

COURSE NAME	SESSION DATES	COST	FORM AND PAYMENT DUE
<input type="radio"/> MEL: Home Studio	SP3: Wednesday 30 October - 20 November	\$300.00	Friday 24 October
<input type="radio"/> MEL: Electronic Music	SP3: Wednesday 11 September - Wednesday 9th October	\$300.00	Wednesday 4 September
<input type="radio"/> MEL: Composition	SP3: Wednesday 11 September - Wednesday 9th October	\$300.00	Wednesday 4 September
<input type="radio"/> SYD: Music Industry	SP3: Monday 9 September - Monday 18 November	\$600.00	Monday 2 September
<input type="radio"/> SYD: Composition	SP3: Monday 9 September - Monday 18 November	\$600.00	Monday 2 September

\* 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](http://www.aim.edu.au) for latest information for your class commencement date and time.

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: \_\_\_\_\_

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## 5. PAYMENT

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

## 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.

VERSION 15th February 2019

### 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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## 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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