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VICTORIA, 3072, AUSTRALIA

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FAX. 03 9471 0929  
NCAT@EDUCATION.VIC.GOV.AU

RTO NUMBER: 6736

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**APPLICATION FOR ENROLMENT****(COMPLETION OF VET CERTIFICATE)**

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Enrolment for: 20\_\_

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**COURSE DETAILS (CURRENT YEAR)**

VET Subject: \_\_\_\_\_ NCAT Teacher: \_\_\_\_\_ [ ] Wednesday AM  
[ ] Wednesday PM

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**STUDENT DETAILS**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Gender\*: [ ] M [ ] F [ ] X Date of Birth: \_\_\_\_\_

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\*Select students preferred gender. Please note that should the student enrol at NCAT the gender listed on their birth certificate will need to be used for associated paperwork, however preferred pronoun will be noted.

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Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

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Referee Contact Person (e.g. School, Employer, Other) and Contact No:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PRIMARY CONTACT (if student is under 18)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

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Address: \_\_\_\_\_

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Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Details for any additional contacts\*\* (Name and Contact No):  
\_\_\_\_\_  
\_\_\_\_\_

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\*\*\*Only listed contacts can be provided with details on how an application is progressing, discuss interviews etc.

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Why would you like to complete this course?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please forward completed application form to:  
ncat@education.vic.gov.au or; fax to (03) 9471 0929  
or; mail to Enrolment Officer, NCAT, PO Box 8041  
NORTHLAND 3072

The College will send you an email acknowledging receipt of your application and will be in contact with you further once your application has been reviewed.

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