

KeyboardConcepts

Scholarship Form

PERSONAL and CONTACT DETAILS					
GIVEN NAME:		MIDDLE NAME:		SURNAME:	
DATE OF BIRTH: ____/____/____		NATIONALITY:			
EMAIL:		HOME CONTACT PHONE:		MOBILE:	
AGE AT TIME OF ENROLMENT		<input type="checkbox"/> 15-19	<input type="checkbox"/> 20-24	<input type="checkbox"/> 25 +	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
UNIT NUMBER:		STREET NUMBER:		STREET NAME:	
SUBURB:		STATE:		POSTCODE:	

SELECT MODE OF LEARNING

Online ☐

Correspondence / Distance ☐

SELECT SCHOLARSHIP ELIGIBILITY

- ☐ Excellent Academic Achievement Scholarship
- ☐ Financial Hardship Scholarship
- ☐ My / My family income less than \$45,000 Scholarship
- ☐ Excellent Academic Achievement & Financial Hardship Scholarship
- ☐ Women Empowerment Scholarship
- ☐ I am pensioner / Retire person
- ☐ Refugees Scholarship

Select Course

<input type="checkbox"/> BSB30215 Certificate III in Customer Engagement
<input type="checkbox"/> BSB30415 Certificate III in Business Administration
<input type="checkbox"/> BSB40215 Certificate IV in Business
<input type="checkbox"/> BSB40515 Certificate IV in Business Administration
<input type="checkbox"/> BSB50315 Diploma of Customer Engagement
<input type="checkbox"/> BSB50215 - Diploma of Business
<input type="checkbox"/> BSB50415 - Diploma of Business Administration
<input type="checkbox"/> ICT10115 - Certificate I in Information, Digital Media and Technology
<input type="checkbox"/> ICT20115 - Certificate II in Information, Digital Media and Technology
<input type="checkbox"/> ICP31415 - Certificate III in Print Communications
<input type="checkbox"/> ICT40115 - Certificate IV in Information Technology
<input type="checkbox"/> ICT50115 - Diploma of Information Technology
<input type="checkbox"/> ICT60115 – Advanced Diploma of Information Technology
<input type="checkbox"/> BSB51915 - Diploma of Leadership and Management
<input type="checkbox"/> BSB61015 – Advance Diploma of Leadership and Management
<input type="checkbox"/> CHC30113 - Certificate III in Early Childhood Education and Care
<input type="checkbox"/> CHC50113 - Diploma of Early Childhood Education and Care
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Aged Care)
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Disability)
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Home and Community)
<input type="checkbox"/> CHC43015 - Certificate IV in Ageing Support
<input type="checkbox"/> BSB51415 – Diploma of Project Management
<input type="checkbox"/> CHC50615 – Diploma of Human Resources Management

PRIVACY STATEMENT & STUDENT DECLARATION

- I confirm that the information I have given within this form is true and correct, and I have been provided by Keyboard Concepts, all the information regarding the course/modules that I am enrolling in
- I understand and have been provided information by KBC in relation to Credit Transfer and Recognition of Prior Learning (RPL)
- I agree to act in accordance with Keyboard Concepts regulations, statutes and disciplinary procedures
- I have read and understood the Statement of Fees, Application Procedure and Refund Policy
- I have received and understood minimum entrance requirements
- I have read and understood the Complaints and Appeal Policy
- I understand it is my responsibility to read and understand the contents of the student handbook

If the applicant is 18 years of age and over***If the applicant is under 18 years of age***.....
STUDENT NAME.....
PARENT/GUARDIAN NAME.....
SIGNATURE.....
DATE.....
PARENT/GUARDIAN SIGNATURE.....
DATE