COOK ISLANDS TERTIARY TRAINING INSTITUTE

SHORT COURSE ENROLMENT FORM

PERSONAL DETAILS – CONFIDENTIAL		
PLEASE USE BLOCK CAPITAL LETTERS *Mandatory Fields		
***SURNAME:** (Legal Name)	***Date of Birth:** / /	***Gender** (Please circle) M / F
***FIRST NAME/S:** (Legal Name)		
Phone:	**Mobile:**	**E-mail:**
Nationality:		
Emergency/Contact Person:		
Relationship:	**Phone:**	**Mobile:**

COURSE INFORMATION	
Name of Course:	**Date of Course:**
Have you enrolled at CITTI before? If yes, specify which course, last year of enrolment?	
Course title:	**Year:**

EMPLOYMENT
Current Status: ☐ EMPLOYED ☐ UNEMPLOYED ☐ SELF-EMPLOYED ☐ STUDENT ☐ OTHER – Please explain:
Looking for work? Specify which industry/position you would be interested in?
Name of current Workplace:
Your current Job Title: **No. of years in this job:**

AGREEMENT
Please be advised that photographs/videos may be taken during our short courses for use on the CITTI website including our official Facebook page for marketing materials and other institute publications. By signing this form, you consent to CITTI using your image for this purpose only.
***LEARNER SIGNATURE:** ***ADMINISTRATOR:** **DATE:** **DATE:**

Office use

Enrolment confirmation email sent ☐ Entered into Database _____