

## Student Compulsory Orientation Form

This form is to be completed by a student when they have completed their orientation at the Melbourne College of Hair and Beauty.

DOMESTIC STUDENT     INTERNATIONAL STUDENT

Orientation date:

Term student has enrolled to commence training:

### Student Details

Student ID:

Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

Phone:

mobile phone:

student email:

### Course enrolment Details

Course code:

Course title:

Has the course already commenced?

YES

NO

Course start date:

Course finish date:

Term	Scheduled Class Day	Scheduled class time/s
1		
2		
3		
4		

1. Introduction & Welcome Presentation

2. Student Handbook explanation

- Student Code of Behaviour
- Attendance requirements
- Progress Reporting
- Complaint & Appeal Process

- Assessment policy
  - Privacy policy
  - Training plan – verify start & end date
  - Class schedule
  - Fee, refund and payment plan
  - Delivery locations and head office
3. Guided tour around the premises
4. Testing (as required)
5. Student supports
- Student ID Card issued
  - OSHC (For international students)
  - Current contact details
  - Student agreement
  - Academic File
6. Payment arrangement with Finance
7. Resources
- Uniforms/T-shirt (where applicable)
  - Text book (where applicable)
  - Course equipment (where applicable)

**Student declaration:**

I declare that the above information is true and correct. I acknowledge that withholding information or providing incorrect information may delay processing of the application and breach my Visa conditions.

have attended the Orientation session and have received:

- Student Handbook
- Training plan
- Class schedule
- Resource allocation

I acknowledge that policies and procedures are subject to change, therefore it is my responsibility to always check for updates on MCOHB's website or visit the admin office for important notifications.

Student signature:

Date:

**Office use:**

Student successfully completed all parts of orientation:  YES  NO

If NO give reason:

**Approved to commence training:**  YES  NO

If not approved why?

Staff Name:

Staff position:

Student file updated:  YES  NO Date updated:

MCOHB staff member who updated student file:

Staff member name:

Students' education agent notified:  YES  NO

If Yes: Date notified: Method education agent notified:  Letter  email