



Concurrent Enrolment Verification Form

Section I

Student Details

Given Name(s): _____ Family Name: _____

DOB: _____ Contact Number: _____

Email ID: _____

Details with other Training Provider

Name of Training Provider: _____

Student ID: _____ Course Enrolled in: _____

Course Start Date: _____ Course End Date: _____

Timetable Details:

Days:

Start Time:

Finish Time:

Section II

Contact Person at other Training Provider/Education Agent (to be completed by the Representative of other Training Provider if in person or representative of Sydney Business and Development Institute (SBDI), if done over the phone)

Name: _____ Position: _____

I can confirm that the above details for the following are correct:

Course of Enrolment ☐

Course Start & End Dates ☐

Timetable Details ☐

Signature: _____ Date: _____



Student Declaration

I, _____ (Student Name) _____ (DOB)
understand and declare the following:

I have been told the requirements of studying two courses concurrently. I understand that I need to provide SBDI the release letter from my current college. But I want to continue both the courses.

I further declare that:

- I understand that this is a concurrent course which means that I will study this course at the same time as my current _____ (Name of the course you are currently enrolled in) at _____ (RTO name/University name).
- I will need to comply with the requirements of all courses in which I am enrolled, such as maintaining satisfactory course progress (and attendance, where applicable).
- My other course is running on _____ (days) while this course (_____) is scheduled to run on _____ (for example: Saturday and Sunday).

Please be advised that it needs to be declared as a statutory declaration is signed off.

(Signed by student and witnessed by the person eligible to witness such as a Justice of the Peace, Pharmacist, General Practitioner, etc.)

Student Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____