

COURSE ENROLMENT FORM

1. PERSONAL DETAILS

Please print clearly in BLOCK LETTERS Note: if names are spelt incorrectly a fee will be charged for a replacement certificate.

| | | | | |
|--------------------------|-------|--------|------------|---|
| Participant Full Name | _____ | | Title | _____ |
| Date of birth | _____ | | Gender | <input type="checkbox"/> F <input type="checkbox"/> M |
| Address | _____ | | | |
| Suburb / Town | _____ | State | _____ | Postcode |
| Home Ph | _____ | Mobile | _____ | |
| Email address | _____ | | | |
| Emergency Contact Person | _____ | | Contact Ph | _____ |

| | | | | |
|---|--|--------------------------|--------------------------|--------------------------|
| Have you completed any training qualifications including any statements of attainment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | If 'YES' please tick appropriate level of qualification below: | | | |
| | Certificate 1 | <input type="checkbox"/> | Trade Certificate 3 | <input type="checkbox"/> |
| | Certificate 2 | <input type="checkbox"/> | Trade Certificate 4 | <input type="checkbox"/> |
| | Non-Trade Certificate 2 | <input type="checkbox"/> | Associate Diploma | <input type="checkbox"/> |
| | Non Trade Certificate 3 | <input type="checkbox"/> | Advanced Diploma | <input type="checkbox"/> |
| Non Trade Certificate 4 | <input type="checkbox"/> | Degree or higher | <input type="checkbox"/> | |
| Please provide the name of the qualification(s) ticked and dates commenced and completed | | | | |
| <i>(A copy of this qualification maybe required)</i> | | | | |
| Have you previously started a Traineeship or Apprenticeship which wasn't completed ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes, please state the name of the qualification and provide details: | | | | |

Do you identify as being:

| | | | | | |
|---|------|--------------------------|----------|--------------------------|-------------------------------------|
| Aboriginal or Torres Strait Islander? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| An Australian Citizen or Permanent Resident? Or | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| New Zealand Passport Holder (in Aust for more than 6 months)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| How well do you speak English? | Well | <input type="checkbox"/> | Not Well | <input type="checkbox"/> | Not at all <input type="checkbox"/> |
| Are you still attending secondary school? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Highest year completed at school | Year | _____ | | | |
| Do you consider yourself to have a permanent or significant disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| If yes, please special any special assistance required to complete this course: | | | | | |

Barriers to Learning / Additional Learning Support

Please indicate any learning difficulties which could affect your learning, or additional support you would like made available to you

| |
|--|
| |
|--|

2. EMPLOYMENT DETAILS

Only applicable if employer is paying for qualification fees.

| | | | |
|-------------------------|---------------|----------|--|
| Organisation Name | _____ | | |
| Billing Address | _____ | | |
| Suburb / Town | State | Postcode | |
| Accounts Contact Person | Business Ph | _____ | |
| Fax Number | Mobile Number | _____ | |
| Email Address | _____ | | |

3. OCCUPATION

Please provide a brief description of you current position or the position being undertaken if relevant.

| |
|--|
| |
|--|

Employment Status

| | | | | |
|------------------------------------|------------------------------------|---------------------------------|---------------------|--|
| Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Casual <input type="checkbox"/> | No. of hrs per week | |
|------------------------------------|------------------------------------|---------------------------------|---------------------|--|

Recognition of prior learning (RPL)

| | | |
|---|------------------------------|-----------------------------|
| Are you wishing to apply for Recognition of Prior Learning (RPL)? (Please attach copies of any details of your learning, experience, certificates etc) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

4. QUALIFICATION ENROLLED

| | |
|---|--|
| <input type="checkbox"/> Certificate II in Business <input type="checkbox"/> Certificate II in Customer Contact <input type="checkbox"/> Certificate III in Business <input type="checkbox"/> Certificate III in Customer Contact <input type="checkbox"/> Certificate III in Micro Business Operations | <input type="checkbox"/> Certificate IV in Business <input type="checkbox"/> Certificate IV in Frontline Management <input type="checkbox"/> Certificate IV in OHS <input type="checkbox"/> Certificate IV in Small Business Management |
|---|--|

5. PREFERRED PAYMENT METHOD

| | |
|--|---|
| <input type="checkbox"/> Upfront payment in full <input type="checkbox"/> Payment plan* <input type="checkbox"/> Work based / Traineeship* | <p><i>Note: No qualification / certificate will be awarded until all fees have been paid in full</i></p> |
|--|---|

DELIVERY METHODS & COURSE FEES

This enrolment is a: Workplace paid qualification Private registration

Do you require?

- Assessment only (units of competency assessment only)
- Full qualification (choose either self study or classroom option to determine cost of qualification)

Will you be completing the course via:

- Self study (correspondence/distance includes unlimited phone/email support)
- Classroom delivery (Face to face trainer facilitated) – Please contact our office for classroom dates & locations

6. PARTICIPANTS DECLARATION:

In undertaking this enrolment, I understand the following:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. All cancellations must be notified in writing 2. Registration cancelled left than five (5) working days prior to the scheduled course start date will be charged at 75% of the course fee 3. Failure to notify of non-attendance will result in the full fee being charged 4. I am expected to submit assessments by the due date as outlined in the course schedule 5. (Where applicable) that I am required to attend a minimum of 80% of the scheduled classroom sessions and non-attendance will be recorded 6. Non attendance due to ill health requires a doctor’s certificate 7. I will consult my trainer should I require additional assistance in between classes or workplace visits 8. I must look after my workbooks / text books and bring any required materials to class or work on assessment visit dates 9. I will pay a workbook / text book replacement fee if my book is lost 10. I must notify Knowledge Plus at least 3 hours prior if I am unable to attend class or an assessment visit | <ol style="list-style-type: none"> 11. I must behave in an ethical, professional and responsible manner throughout the duration of my course or I may be removed from the course without a refund 12. I declare that to the best of my knowledge and belief, the information contained on this form to be complete and correct 13. Any pictures taken, work samples submitted or testimonials completed by you as the participant throughout this qualification may be used by Knowledge Plus for marketing and advertising purposes 14. No qualification/certificate will be awarded until all fees have been paid in full 15. Knowledge Plus endeavours to deliver every training course. However, Knowledge Plus also reserves the right to cancel or postpone any scheduled theory sessions if insufficient enrolments are received by providing participants with 48 hours notice of the scheduled session <p>The information contained on this application will be used solely for the intention of enrolment with Knowledge Plus, The Australian Apprenticeships Centre and the Department of Education and Training. No information will be disclosed to any parties other than those listed above except with written consent from the individual contained within.</p> |
|--|---|

Participants signature Date

7. EMPLOYER AUTHORISATION (Employer funded qualifications only)

Authorisation Full Name
 Authorisation Signature Date

A consultant will contact you to discuss your chosen delivery method, to arrange for allocation of you course kit along with an enrolment invoice.

OFFICE USE ONLY

| | | | |
|---|--|--|--|
| Student ID | <input style="width: 90%; height: 20px;" type="text"/> | Confirmation letter sent to participant | <input type="checkbox"/> |
| Date Enrolment received | <input style="width: 90%; height: 20px;" type="text"/> | Confirmation letter sent to employer | <input type="checkbox"/> |
| Kit Allocation Date | <input style="width: 90%; height: 20px;" type="text"/> | Trainers name | <input style="width: 90%; height: 20px;" type="text"/> |
| Group start date (if applicable) | <input style="width: 90%; height: 20px;" type="text"/> | Job # (if applicable) | <input style="width: 90%; height: 20px;" type="text"/> |