

Fee for Service - Enrolment Form

Personal Details		
Unique Student Identifier Number: _____		
Title: Mr / Mrs / Ms / Miss Given Names: _____		
Surname: _____		Preferred Name: _____
Street or Postal Address: _____		
Suburb: _____	State: _____	Post Code: _____
Date of Birth: ____ / ____ / ____ Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> <small style="text-align: center;">Day Month Year</small>		
Email: _____		Alternative email (optional): _____
Mobile: _____	Home Phone: _____	Work phone: _____
Qualification / Course and Expected Commencement Date		
<input type="checkbox"/> ACM30310 – Certificate III in Captive Animals <input type="checkbox"/> SIT20316 – Certificate II in Hospitality <input type="checkbox"/> SIT30616 – Certificate III in Hospitality <input type="checkbox"/> SIT40416 – Certificate IV in Hospitality <input type="checkbox"/> SIT50416 – Diploma of Hospitality Management		
<input type="checkbox"/> SIT20116 – Certificate II in Tourism <input type="checkbox"/> SIT30116 – Certificate III in Tourism <input type="checkbox"/> SIT40116 – Certificate IV in Travel and Tourism <input type="checkbox"/> SIT50116 – Diploma of Travel and Tourism Management		
Language and Cultural Diversity		
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
Citizenship: Australian Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident <input type="checkbox"/>		
Do you speak a language other than English at home? <input type="checkbox"/> No English Only <input type="checkbox"/> Yes (please specify)		
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander		
Disability		
Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify)		
Prior Education / School Information		
What is your highest completed level of schooling?		In which year did you complete that level?
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide the following details
LUI Number: _____		Current year and level: (eg 2011, year 10)
School Name: _____	VET Coordinator: _____	Contact Number: _____
Previous Qualifications		
Have you successfully completed any of the following qualifications? <input type="checkbox"/> No <input type="checkbox"/> Yes – please tick any applicable boxes		
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV or Advanced Certificate / Technician		
<input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificates other than those above		
Employment (tick one option only)		
Of the following categories, which best describes your current employment status?		
<input type="checkbox"/> Full Time <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Part Time <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Self employed – employing others		
Study Reason (tick one option only)		
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons		

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Emergency Contact		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify)		
Title: Mr / Mrs / Ms / Miss First Name:		Surname:
Mobile:	Home Phone:	Work Phone:
Address:		
Suburb:	State:	Post Code:
Employer Details		
Business Name:		Contact Person:
Business Address:		
Suburb:	State:	Post Code:
Email:		
Phone:	Fax:	Mobile:
Employment Status:		Direct Supervisor (if different from above) :
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School Based		
Terms & Conditions of Enrolment		
Please read the following terms and conditions carefully:		
Fee for Service Student		
<p>All students are required to complete the Privacy Notice and Student Declaration. The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed. Specific questions may be directed to the Skilling Australia information line on 13 38 73 or via email at VET-DataPolicy@education.gov.au.</p>		
<p style="padding-left: 40px;">Is the student undertaking training with their Employer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, the employer agrees to release student as per training plan.</p>		
<p>Complete the following and clearly mark if an Employer and or Student is responsible for training costs and the amount.</p> <p><input type="checkbox"/> Employer understands and agrees to pay a total of \$ _____ to Careers Training Centre for training costs</p> <p><input type="checkbox"/> Student understands and agrees to pay a total of \$ _____ to Careers Training Centre for training costs</p>		
<p>Clearly mark to accept that you understand the refund and withdrawal policy as contained in the student handbook and identify if the Employer or Student is responsible for any part payment of any training fees outstanding at the time of cancellation of training. A copy of the Student Handbook can be found on www.careerstrainingcentre.com for the refund and withdrawal policy</p> <p><input type="checkbox"/> Employer understands and agrees to pay the costs of training should the training course be cancelled after the student has been enrolled and training has commenced.</p> <p><input type="checkbox"/> Student understands and agrees to pay the costs of training should the training course be cancelled after the student has been enrolled and training has commenced.</p>		
<p>Payment plans are available. A Statement of Attainment or Qualification will not be issued if any outstanding fees are due.</p>		
<p>You have read and understood the information contained on pages 1 and 2 and by signing this enrolment form you are acknowledging that all information provided is true / correct and complete.</p>		
_____ / /		_____ / /
Trainee Signature and Date		Employer Signature and Date
_____ / /		
Parent / Guardian Signature and Date		