

Enrolment Form

New Student/Trainee Details

(Office/Trainer Use Only)

Qualification Code _____ Qualification Name _____

ABConsulting Student Number _____ Employer Name (Reference only) _____

1. Name

Mr/Ms/Mrs/Miss/Other - Please Specify _____ Male Female

Family name: _____ Given Name: _____

Middle Name: _____ Preferred Name: _____

2. Date of Birth

____ / ____ / ____

3. Contact Details (PLEASE ENSURE BELOW DETAILS ARE CORRECT)

Home Phone: () _____ Work Phone: () _____

Work FAX: () _____ Mobile: _____

email: _____

4. Personal Address Details

Home Address: _____

Town: _____ State: _____ Postcode:

Work 'Postal' Address: _____

Town: _____ State: _____ Postcode:

5. Place of Birth

Are you of Aboriginal or Torres Straight Islander Origin? Yes No

If YES: Are you Aboriginal? Yes Tick 'Yes' to both if applicable

Are you of Torres Straight Islander origin? Yes applicable

Were you born in Australia? Yes No

If NO, in which country were you born? _____

6. Schooling

Are you still at school? Yes No LUI Number: _____

What is your **highest** completed school level? Year/Grade: 12 11 10 9 8 or below

International level or not stated above: _____

In which year did you complete that school level? _____

Where was that completed? _____

7. Employment

Which of the following **best** describes your current employment status?

Full time employee Employer

Self employed – not helping others Part-time employee

Employed – unpaid worker in a family business Unemployed – not seeking employment

Unemployed – seeking full time work Unemployed - seeking p/time work

I commenced with my current employer on: ____ / ____ / ____

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8. Language

Do you speak a language **OTHER THAN ENGLISH** at home? Yes No

If 'YES' please specify the main language spoken at home _____

How well do you speak English? Very Well Well Not Well Not very well

9. Medical Condition/Disability

Do you consider yourself to have a disability, impairment or long term condition?

Yes No

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/Sight	<input type="checkbox"/>	Medical Illness	<input type="checkbox"/>	Other	<input type="checkbox"/>

10. Prior education achievements

Yes No

If YES, then tick ANY that are applicable:-

Bach/higher degree of _____	<input type="checkbox"/>	Adv or Assoc Diploma of _____	<input type="checkbox"/>
Work FAX: _____	<input type="checkbox"/>	Adv or Assoc Diploma of _____	<input type="checkbox"/>
Certificate III of _____	<input type="checkbox"/>	Certificate I of _____	<input type="checkbox"/>
Certificate II of _____	<input type="checkbox"/>	Miscellaneous Education _____	<input type="checkbox"/>

Other (Please explain): _____

11. Study Reason

Which best describes your reason for undertaking this training program?

To get a job	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	Entry to another course of study	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	For personal interest	<input type="checkbox"/>

12. Fee Information

As the participant of this training agreement I have been made aware that upon receipt of my first invoice, the following information will be disclosed:

- the total amount of all fees including course fees, administration fees, materials fees and any other charges
- payment terms, including the timing and amount of fees to be paid and any non-refundable deposit/administration fee
- the nature of the guarantee given by Alan Bartlett Consulting Pty Ltd to complete the training and/or assessment once study has commenced in the chosen qualification/course
- the fees and charges for additional services, including such items as issuance of a replacement qualification testamur and the options available if deemed not yet competent on completion of training and assessment, and
- Alan Bartlett Consulting Pty Ltd refund policy (also outlined in the Client Information Booklet)

The following only applies to tuition/student contribution fees for New Start Trainees

As a student/trainee I wish to apply for a concession using one of the following:

I am under the age of 17 and yet to complete year 12	<input type="checkbox"/>	DVA Pensioner Cardholder	<input type="checkbox"/>
I am a school based trainee	<input type="checkbox"/>	DSS Healthcare/Pensioner Concession Cardholder or dependent	<input type="checkbox"/>
I am an Aboriginal or Torres Straight Islander person	<input type="checkbox"/>		

Application for fee exemption: Please refer to our client information book for information relating to fee exemption application forms

Do you authorise Alan Bartlett Consulting Pty Ltd to confirm with Centrelink the details you have provided? The rights of this card can be removed if your situation changes.

Consent Granted Yes No (Please complete the following if you answered yes)

Card Type HCC PCC Student card number

13. Declaration of Authority

I acknowledge that I fully understand my rights and obligations under this contract and the various documents referred to within it. I have been provided adequate time to acknowledge this information and have sought any and all professional advice I require. I have been provided time to read and understand the Fees Schedule and Refund Policy as set out in my client handbook. I have been made aware by the RTO that information supplied by them (including personal details and identification) will be used by the Department in the relevant state for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. I sign this consent form declaring my agreement to the use of this information for these purposes. The information contained in this document is true and correct at the time of this declaration.

Student/Trainee		Guardian (if under 18)	
Signature:		Signature:	
Date:		Date:	

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Permission to Photograph/Publish Procedure - Student/Trainee

The following Permission to Photograph/Publish Procedure will be used to provide evidence that Alan Bartlett Consulting Pty Ltd has a documented approach to obtaining permission to photograph and publish.

Student/Trainee Permission to Photograph/Publish

I, _____ hereby give my written permission for photos to be taken both of myself and the work I will be performing during the term of this agreement. This permission will only extend to the use of evidence of competency and all printed references will be placed in my personal student file as required for the retention of future evidence. These files will be retained onsite in a safe, secure location with limited access by staff of Alan Bartlett Consulting and access to this file available at my request following correct procedures.

I, _____ **DO** **DO NOT** hereby give my written permission for photos to be taken both of myself and the work I will be performing during the term of this agreement to be published for the use on Alan Bartlett Consulting's Website and internal Intranet site. Copies of these photos may be used for advertising and newsletter publications as well as trade and technical displays. I am aware that the company's website can and will be accessed via the world wide web and no personal information will be provided by Alan Bartlett Consulting without my written consent.

Student/Trainee		Guardian (if under 18)	
Signature		Signature	
Date	____/____/____	Date	____/____/____