

PARTICIPANT ENROLMENT FORM										
Participant Details										
Surname:			First Name:			Other Names:				
Mr/Mrs/Ms/Miss:		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Date of Birth:				
Age Bracket:		<input type="checkbox"/> 15-19 years		<input type="checkbox"/> 20-24 years		<input type="checkbox"/> 25-39 years		<input type="checkbox"/> 40+ years		
Home Address:					State:		Postcode:			
Postal Address: <small>(if different to Home Address)</small>					State:		Postcode:			
Phone:		Mobile:			Email:					
Identification										
<input type="checkbox"/> Passport		<input type="checkbox"/> Student ID Card		<input type="checkbox"/> Confirmed by parent/legal guardian			<input type="checkbox"/> Other (please specify)			
<input type="checkbox"/> Driver's Licence		<input type="checkbox"/> Medicare Card		<input type="checkbox"/> Confirmed by teacher (school groups only)						
<input type="checkbox"/> NSW Photo Card		<input type="checkbox"/> Armed Forces Card		<input type="checkbox"/> Confirmed by employer/employment consultant						
Identification #				<input type="checkbox"/> Original sighted <small>(RTO Signature Required)</small>			<input type="checkbox"/> Certified copy attached			
Course Details										
Course/Qualification Name:					Course/Qualification Code:					
How did you hear about this course?			<input type="checkbox"/> Newspaper		<input type="checkbox"/> Friend		<input type="checkbox"/> Work		<input type="checkbox"/> Internet	
Employment Status										
Of the following categories, which BEST describes your current employment status?										
<input type="checkbox"/> Full-time employee		<input type="checkbox"/> Self-employed (not employing others)			<input type="checkbox"/> Unemployed – seeking part-time work					
<input type="checkbox"/> Part-time employee		<input type="checkbox"/> Employed (unpaid worker in a family business)			<input type="checkbox"/> Not employed – not seeking employment					
<input type="checkbox"/> Employer		<input type="checkbox"/> Unemployed – seeking full-time work								
Residency and Cultural Details										
In which country were you born?			<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)					
If other, how long have you resided in Australia?			Yrs	Mths						
What is your residency status?			<input type="checkbox"/> Australian citizen			<input type="checkbox"/> Temporary resident				
			<input type="checkbox"/> Australian permanent resident			<input type="checkbox"/> Other (please specify)				
			<input type="checkbox"/> New Zealand citizen							
Are you of Aboriginal or Torres Strait Islander origin?			<input type="checkbox"/> No		<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal			
Do you speak a language other than English at home?			<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes, other (please specify)					
If other, how well do you speak English?			<input type="checkbox"/> Well		<input type="checkbox"/> Not well		<input type="checkbox"/> Very well		<input type="checkbox"/> Not at all	
Core Skills										
Do you require any language, literacy or numeracy assistance?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If Yes, what core skills do you require assistance with?										
<input type="checkbox"/> Learning		<input type="checkbox"/> Reading		<input type="checkbox"/> Writing		<input type="checkbox"/> Oral Communication		<input type="checkbox"/> Numeracy		
Disability										
Do you consider yourself to have a disability, impairment or long-term condition?										
<input type="checkbox"/> No		<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		
Education										
What is your highest COMPLETED school level?										
<input type="checkbox"/> Year 12		<input type="checkbox"/> Year 11		<input type="checkbox"/> Year 10		<input type="checkbox"/> Year 9		<input type="checkbox"/> Year 8 or below		<input type="checkbox"/> Never attended school
In which year did you complete that school level?										
Are you still attending secondary school?				<input type="checkbox"/> Yes			<input type="checkbox"/> No			
Have you COMPLETED any qualifications?				<input type="checkbox"/> Yes			<input type="checkbox"/> No			
If YES, please tick ANY applicable qualifications										
<input type="checkbox"/> Bachelor Degree or Higher Degree				<input type="checkbox"/> Certificate IV or Advanced Certificate			<input type="checkbox"/> Certificate I			
<input type="checkbox"/> Advanced Diploma or Associate Degree				<input type="checkbox"/> Certificate III or Trade Certificate			<input type="checkbox"/> Other			
<input type="checkbox"/> Diploma or Associate Diploma				<input type="checkbox"/> Certificate II						
If YES what is the name of the qualification/s?							Year/s Completed			
Are you currently studying?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		If YES what is the name of the qualification/s?				
Employment Details										
Employer:										
Employee Job Title/Role:										
Start Date with Employer:				Time in current industry:			Years		Months	

### Study Reason

Which of the following statements best describes your reason for completing the course?

<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> Pathway to another course
<input type="checkbox"/> To get a job	<input type="checkbox"/> Extra job skills	<input type="checkbox"/> Personal interest/Self development
<input type="checkbox"/> To get a promotion	<input type="checkbox"/> To develop existing business	<input type="checkbox"/> Other

### Referral Pathway

Which of the following organisations/ persons recommended you enrol with Austrain Academy?

<input type="checkbox"/> Australian Apprenticeship centre (AAC)	<input type="checkbox"/> Employer	<input type="checkbox"/> Registered Training Organisation
<input type="checkbox"/> Industry Skills Council (ISC)	<input type="checkbox"/> Industry Training & Advisory Board (ITAB)	<input type="checkbox"/> State Training Services (STS)
<input type="checkbox"/> Job Services Australia (JSA)	<input type="checkbox"/> Disability Employment Service (DES)	<input type="checkbox"/> It was my own decision

Name of JSA or DES

Job Seeker Client ID

### RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning or RPL is an assessment process that assesses the participant's skills, knowledge and experience gained through work, formal learning and informal learning to determine the extent to which that participant has achieved the required learning outcomes or competency outcomes.

Credit transfer is a process that provides participants with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications. Credit transfer is applicable for the equivalent Training Package Units only.

I hereby apply under the provisions of the VET Quality Framework for the knowledge and skills I have previously acquired to be assessed and the appropriate recognition to be granted to me. I agree that I have been supplied with the Austrain Academy RPL Information Kit and will provide applicable evidence required for this assessment process including, but not limited to curriculum vitae, references, Statements of Attainment and/or Testamurs.

Yes

No

### Participant Declaration

- I declare that to the best of my knowledge all information provided in this enrolment form, including citizenship status as provided on page 1, is true and correct.
- I understand that the provision of incorrect information and/or withholding relevant information relating to my academic records, employment records or citizenship status may result in the cancelling of training at any stage of the course.
- I understand that information supplied in this enrolment form will be used to determine eligibility for enrolment and any additional assistance required, for internal management processes and program evaluation; and also for marketing and statistical purposes.
- I authorise Austrain Academy to disclose information supplied in this document and information regarding my progress throughout the training to relevant State and Federal Government agencies and bodies (including but not limited to the Department of Education, Department of Industry, State Training Services, Australian Skills Quality Authority, Australian Apprenticeship Centres, NSW Office of Liquor, Gaming and Racing; and NSW Food Authority) as required for reporting enrolment details and training milestones and outcomes.
- I authorise Austrain Academy to provide information to government, educational and other relevant bodies for the purpose of statistical analysis, audit, verification, program evaluation and internal management purposes.
- I authorise Austrain Academy to provide assessment results and information regarding my progress to my employer (if applicable).
- I consent to any photographs, videos, testimonials and/or feedback provided by me or taken in association with my training and assessment to be used on Austrain Academy's website, marketing and advertising material and training materials whilst I am a current or former student.
- I have been provided the participant handbook and understand the terms and conditions of my enrolment (including program specific requirements) and have been provided access to Austrain Academy fee payment policies including concession/exemption and refund Policies.

Participant Name:

Guardian Name:

Participant Signature:

Guardian Signature: |

### Employer Declaration

- I have been provided with Austrain Academy's fee information and payment policies including concession/exemption and refund policies.
- I understand and agree to the requirements of release from work for training and access to the participant for trainers/assessors.
- I have been made aware of the eligibility criteria for this program and agree to the employer responsibilities as outlined in the Client Services Agreement.

Employer Representative Name:

Employer Representative Signature:

Date:

Employer/Third Party Details			
Legal Name/Third Party Name:		ABN:	
Trading Name:			
Type of Industry:		Number of Employees:	
Business Address:		State:	Postcode:
Postal Address: <small>(if different to Business Address)</small>		State:	Postcode:
Participants Workplace Location: <small>(if different to Business Address)</small>		State:	Postcode:
Main Employer/Third Party Contact:			
Business Number:	Mobile Number:		Fax:
Email:			
Venue Contact:			
Business Number:	Mobile Number:		Fax:
Email:			
Accounts Contact:			
Business Number:	Mobile Number:		Fax:
Email:			

Fee Information
<p><b>All fees must be paid prior to the commencement of any training or assessing services.</b></p> <p><b>Throughout the duration of the training additional fees may be payable for such things as (but not limited to) reissuance of course materials, course extension, reissuance of qualifications/statements of attainment, statutory government fees for certificates/ID cards, tools, equipment and clothing required for training/assessment.</b></p> <p><b>Full details of Austrain Academy payment, concession/exemption and refund policies are available on the Austrain Academy website (<a href="http://www.austrainacademy.com.au">www.austrainacademy.com.au</a>) or by contacting the Austrain Academy office on 1300 20 40 20.</b></p> <p><b>New Entrant Traineeships, Apprenticeships &amp; Strategic Skills Programs.</b></p> <p>These programs attract an Administration Fee which is mandated as the equivalent of the TAFE NSW fee. These fees are subject to change annually. Annual administration fees (where applicable for new entrant trainees/apprentices) will be invoiced at least 14 days prior to anniversary date of enrolment and must be paid by anniversary date for training and assessing services to continue.</p> <p>For eligible participants, such as recipients of eligible Commonwealth benefits or allowances or their dependent child, spouse or partner; a Fee Exemption/Concession is available and may be applied for using the appropriate form.</p> <p>Australian Aboriginals, Torres Strait Islander &amp; School Based Apprentices and Trainees are exempt from fees. Required documentary proof must be supplied.</p> <p>A refund may be given in certain exceptional circumstances and when you formally advise of withdrawal from your course/qualification prior to attendance or participation in training. For the full list of circumstances where you may be eligible for a refund, please see the Austrain Academy website.</p> <p><b>National Workforce Development Fund</b></p> <p>These programs require a percentage of the full training cost to be funded by industry or the participant's employer. The percentage fee depends on the number of employees of the enterprise.</p> <p>There are no concessions or exemptions for these programs and refunds will only be given in certain exceptional circumstances as per all government funded training.</p> <p><b>Commercial or fee-for-service training/assessment</b></p> <p>These programs may include training &amp; assessment of single units of competence to fulfill an industry need or licensing outcome, full AQF qualifications, and existing worker trainees.</p> <p>Midpoint fees (where applicable) will be invoiced upon completion of half the required units of competency being marked as competent.</p> <p>There are no fee exemptions or concessions for these programs or courses. Refunds may be given under certain circumstances. Please see the Austrain Academy Payment Policy for further information.</p>

PAYMENT METHOD					
TYPE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CREDIT CARD*2% surcharge applies	<input type="checkbox"/> ACCOUNT	
AMOUNT TO PAY**	<input type="checkbox"/> Annual administration fee applicable		<input type="checkbox"/> Midpoint fee applicable		
CONCESSION/EXEMPTION APPLICATION COMPLETED	<input type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> NA
PAYER'S DETAILS:	NAME: <small>(Participant, Employer or Other Third Party)</small>		SIGNATURE: <small>(Participant, Employer Representative or Third Party Representative)</small>		
CREDIT CARD DETAILS	<input type="checkbox"/> AMERICAN EXPRESS		<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA
	CARD NUMBER:	EXP DATE:		CCV:	
	CARDHOLDER'S NAME:			CARDHOLDER'S SIGNATURE:	
Office Use Only	<input type="checkbox"/> ATTP NE	<input type="checkbox"/> ATTP EW	<input type="checkbox"/> SSP	<input type="checkbox"/> NWDF	<input type="checkbox"/> FFS <input type="checkbox"/> FOC <input type="checkbox"/> Other