

# ENROLMENT FORM

Please note that payment is required at time of enrolment

Complete ALL SECTIONS in BLOCK LETTERS

## PARTICIPANT

Surname	<input type="text"/>	Given Names	<input type="text"/>	Title	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>

<b>Residential Address</b>	Street (inc Unit/Number etc)	<input type="text"/>			
Suburb/City	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>

<b>Postal Address</b> (Certificate will be posted to this address)	<input type="text"/>					
<input type="checkbox"/> As Above <b>OR</b>	PO Box No./Street (inc Unit/Number etc)	<input type="text"/>				
	Suburb/City	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>

<b>Contact Details</b>	Home Phone	<input type="text"/>	Mobile	<input type="text"/>
	Email	<input type="text"/>		

<b>Medical Details</b>	Do you have any known medical conditions, illnesses, injuries or recent surgery that may affect your participation in this course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details	<input type="text"/>			
Provide details of any special dietary requirements	<input type="text"/>			
Emergency Contact Person	<input type="text"/>	Emergency Contact Number	<input type="text"/>	

<b>Employment Details</b>	Employer Name	<input type="text"/>	Your Occupation	<input type="text"/>				
Postal Address	PO Box/Street	<input type="text"/>	Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact Person	<input type="text"/>	Phone No.	<input type="text"/>	Fax No	<input type="text"/>			

<b>Statistical Reporting</b>	<b>Language spoken at home</b> English <input type="checkbox"/> Other <input type="checkbox"/>	<b>Proficiency in spoken English</b> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>	<b>Indigenous Status</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither	<b>Highest School Level Completed</b> <input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	<b>Are you still attending secondary school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Year completed school <input type="text"/>  <b>Complete following pages</b>
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**Highest Education Level**

Advanced Diploma or Associate Degree       Certificate II

Bachelor Degree or Higher Degree Level       Certificate III (or Trade Certificate)

Diploma or Associate Diploma       Certificate IV (Or Advanced)

Certificate I       Miscellaneous Education

**Employment Category**

Full time employee       Employed – unpaid worker (volunteer)

Part time/casual employee       Unemployed – seeking full time employment

Self employed – not employing       Unemployed – seeking part time employment

Employer       Not employed – not seeking employment

**Do you have a disability, impairment or long term medical condition which may affect your studies?**      Yes       No

**Please indicate the areas of disability, impairment or long term medical condition**

Hearing/Deafness       Mental Illness       Medical Condition

Intellectual       Acquired Brain Impairment       Other

Learning       Vision       Not Specified

**Course Details**      Refer to the following sheets for details of your course selection

**Indicate your reason for selecting this particular course**

It is a requirement of my job       To start my own business       To try for a different career

I want extra skills for my job       To get a job       To get into another course of study

To develop my existing business       To get a better job or promotion       For personal interest or self development

**Payment Details – payment is accepted via the following methods**

Electronic Funds Transfer:      **BSB:** 034 -221      **Account Number:** 427 679      **Account Name:** A1 Fire and Safety Pty Ltd.

Cheque / Money Order is enclosed

Please debit my Credit card\* (\*all credit card transactions incur a 3% surcharge)       Visa       Mastercard

Card No: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_      Signature: \_\_\_\_\_

Amount: \_\_\_\_\_

**Fees, Charges & Refunds Policy**

**PUBLIC COURSES: Please be aware that you must read and sign that you understand our course fees and charges information prior to submission of any enrolment.**

You will find details of this information on page 2 of our Enrolment Form.

**Full payment is required upon enrolment.** 10% of the fees is non-refundable and is treated as an Administration Fee.

Cancellations or transfers 10 working days or less up to and including course start date will attract a 20% course fee.

Substitution of participants is accepted without penalty. Non attendance on the start date of the course attracts a full fee payment.

A1 Fire and Safety reserves the right to postpone or reschedule a course if inadequate numbers are attained. In such case a participant will be entitled to a full refund if the rescheduled date is unsuitable.

Signature:..... Date:.....