

Training Enrolment Form

Your application will not be processed if any below details are missing

Course Title					
Course Code		Start Date:		End Date:	

Student Details					
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Surname:			Given Name
Home Address:					Post Code
Postal Address:					Post Code
Phone					DOB
Email					
USI (Unique Student Identifier) Must Have					

Emergency Contact Details			
Name		Relationship	
Phone		Mobile	

Employment Details			
Employer		Contact Person	
Phone		Fax	
Email			
Work Address:		Post Code	
Postal Address		Post Code	

Electrical Licence Details			
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Fitter	<input type="checkbox"/> Mechanic/fitter	<input type="checkbox"/> Apprentice
<input type="checkbox"/> ACMA Registration (<i>Cabling License</i>)		Licence number	
<input type="checkbox"/> Other: <i>Specify</i>		Licence number	

Employment Status			
What is your current employment status?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed
	<input type="checkbox"/> Seeking Full Time work	<input type="checkbox"/> Seeking Part Time work	<input type="checkbox"/> Student Full Time
			<input type="checkbox"/> Student Part Time

Study Reasons							
What is the reason for undertaking this training program?				<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job		
<input type="checkbox"/> To get a promotion		<input type="checkbox"/> To start my own business		<input type="checkbox"/> To grow my business		<input type="checkbox"/> It was a requirement of my job	
<input type="checkbox"/> To get into another Course of study			<input type="checkbox"/> For personal interest or self-development			<input type="checkbox"/> To try a different career	
<input type="checkbox"/> Other: <i>Specify</i>							
Have you successfully completed any of the following qualifications?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<input type="checkbox"/> Bachelor degree or higher	<input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> Diploma or associate diploma	<input type="checkbox"/> Certificate IV or advanced certificate / technician	<input type="checkbox"/> Certificate III or trade certificate	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than these listed

Schooling					
What year did you complete secondary school?			<input type="checkbox"/> Still Attending		
What is your highest completed school level?			<input type="checkbox"/> Yr 8	<input type="checkbox"/> Yr 9	<input type="checkbox"/> Yr 10
			<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 12	
Did you complete year 12 in Queensland and do you hold a senior statement?			<input type="checkbox"/> YES		<input type="checkbox"/> NO

Language and cultural diversity			
In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: <i>Specify</i>	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> NO		<input type="checkbox"/> Prefer not to specify
	<input type="checkbox"/> YES – Aboriginal		<input type="checkbox"/> YES – Torres Strait
What language do you mainly speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other: <i>Specify</i>	
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 an Australian citizen?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Are you a permanent resident?	<input type="checkbox"/> YES		<input type="checkbox"/> NO

Disability					
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please indicate your area of disability, impairment or long-term condition (you may indicate more than one)	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Vision	<input type="checkbox"/> Other			

Payment Details <i>(if you do not complete the below please advise staff of your alternative payment method)</i>											
Payment Method	<input type="checkbox"/> Cheque		<input type="checkbox"/> Visa		<input type="checkbox"/> Master Card	Amount: \$ _____					
Card Number			-			-					
Expiry Date		/		CCV Number				<i>The CCV Code is the last 3 digits on back of card</i>			
Name on card											
Signature											

Terms And Conditions			
Full terms and conditions can be viewed in our Student Handbook by contacting 1300 347 687.			
<p>Privacy: All data collected on this form is confidential and Electrogroup Training only collects this information for the purposes of training and assessment, reporting, administration and evaluation of the program. Electrogroup Training may also disclose personal information to another party without consent where authorised or required by law.</p> <p>Refund policy: Cancellations received more than 10 working days prior to commencement of course will receive a 50 per cent refund.</p> <p>Cancellations received less than 10 working days prior to the course commencement will not be eligible for a refund. Enrolments however may be transferred to another course provided cancellations are received no less than two working days prior to the course commencement. Participants may be provided with a refund or partial refund of course fees in exceptional circumstances. In the event where a course is cancelled by Electrogroup Training, if the participant cannot be transferred to a suitable alternative course a full refund will be provided. Enrolment will only occur after payment is received and an acknowledgement will be forwarded to you by email/mail to confirm your enrolment.</p> <p><input type="checkbox"/> I hereby acknowledge and accept the terms and conditions of enrolment and cancellation.</p> <p><input type="checkbox"/> I certify that all information that I have provided is true and correct. I consent to release of my personal information for the purposes outlined under the Privacy paragraph above.</p> <p><input type="checkbox"/> I would like to receive information on other courses offered by Electrogroup Training.</p> <p>Student declaration (Read carefully before signing) Enrolments made by students under the age of 18 years must be signed by a parent / guardian.</p> <p>I hereby certify that, the particulars herein are correct. I agree to abide by Electro Group Training policy and procedures and acknowledge that the facilities made available for my use, will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.</p>			
Student Signature		Date	
Parent / Guardian Signature		Date	