

Fee for Service – Training Enrolment Form

PLEASE ENSURE ALL SECTIONS ARE COMPLETED. Your form will not be processed if it is incomplete. **x or ✓**

COURSE DETAILS			
PLEASE add course name in the space provided			
START DATE:		END DATE:	
Are you applying for RPL? (Recognition of Prior Learning)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERSONAL DETAILS			
TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
GIVEN NAMES		SURNAME	
DATE OF BIRTH <i>day/month/year</i>		HOME PHONE	
WORK PHONE		MOBILE PHONE	
EMAIL ADDRESS		USI Number (Unique Student Identifier)	
RESIDENTIAL ADDRESS			
BUILDING NAME:			
FLAT/UNIT NUMBER:			
STREET ADDRESS:			
CITY/SUBURB		STATE:	POSTCODE:
POSTAL ADDRESS <input type="checkbox"/> 'SAME AS ABOVE' <i>tick box</i>			
BUILDING NAME:			
FLAT/UNIT NUMBER:			
STREET ADDRESS:			
CITY/SUBURB		STATE:	POSTCODE:
EMERGENCY CONTACT DETAILS			
NAME:		RELATION:	
MOBILE PHONE:		WORK OR HOME PHONE:	
EMPLOYMENT DETAILS			
COMPANY		CONTACT PERSON	
PHONE		EMAIL	
ADDRESS			
CITY/SUBURB:		STATE:	POSTCODE:
ELECTRICAL LICENCE DETAILS			
<input type="checkbox"/> Mechanic <input type="checkbox"/> Fitter <input type="checkbox"/> Mechanic/fitter <input type="checkbox"/> Apprentice	Licence number		
<input type="checkbox"/> ACMA Registration (<i>Cabling License</i>)	Licence number		
<input type="checkbox"/> Other: <i>Specify</i>			

EMPLOYMENT STATUS

Of the following categories, which best describes your current employment status? (tick one box only)

<input type="checkbox"/> 1. Full-time Employee	<input type="checkbox"/> 5. Unpaid, working in a family business	<input type="checkbox"/> 8. Not Employed – Not seeking work
<input type="checkbox"/> 2 Part-time Employee	<input type="checkbox"/> 6. Unemployed – Seeking full-time work	<input type="checkbox"/> 9. Full-time Student
<input type="checkbox"/> 3. Self Employed, Not employing others	<input type="checkbox"/> 7. Unemployed – Seeking part-time work	<input type="checkbox"/> 10. Part-time Student
<input type="checkbox"/> 4. Employer		

EDUCATION

What is your highest COMPLETED school level? (tick one box only) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent	WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL? NAME OF SCHOOL: _____ Are you still attending secondary school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, current school level: _____
	Did you complete year 12 in Queensland and do you hold a senior statement? <input type="checkbox"/> YES <input type="checkbox"/> NO

PRIOR QUALIFICATIONS

Have you SUCCESSFULLY completed any of the following qualifications? YES NO (if yes please tick boxes applicable boxes below)

<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above

CURRENT ENROLMENT STATUS

Are you CURRENTLY enrolled in any of the following qualifications? YES NO (if yes please tick boxes applicable boxes below)

<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above

STUDY REASONS

Of the following categories, which best describes your main reason for undertaking this course/traineeship? (tick one box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Other: <i>Specify</i> _____

LANGUAGE AND CULTURAL DIVERSITY

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? <input type="checkbox"/> Prefer not to specify <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)			
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
WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME?	<input type="checkbox"/> English <input type="checkbox"/> Other, Please specify: _____		
DO YOU REQUIRE ENGLISH ASSISTANCE TO COMPLETE YOUR STUDIES?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IN WHICH COUNTRY WERE YOU BORN?			
ARE YOU AN AUSTRALIAN CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AN NEW ZEALAND CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AUSTRALIAN PERMANENT RESIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DISABILITY (See page 4 for Disability Supplement)

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? YES NO (if YES, see boxes below)

<input type="checkbox"/> 11 - Hearing/Deafness	<input type="checkbox"/> 12 - Physical	<input type="checkbox"/> 13 - Intellectual	<input type="checkbox"/> 14 - Learning	<input type="checkbox"/> 15 - Mental illness
<input type="checkbox"/> 16 - Acquired Brain Injury	<input type="checkbox"/> 17 - Vision	<input type="checkbox"/> 18 - Medical Condition	<input type="checkbox"/> 19 - Other, Please Specify:	<input type="checkbox"/>

Payment Details

(if you do not complete the below please advise staff of your alternative payment method)

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		DATE:		

TERMS AND CONDITIONS

Full terms and conditions can be viewed in our Student Handbook by contacting 1300 347 687 or by visiting www.electrogroup.com.au

Before signing up, make sure the course meets your learning, career and financial needs.

Privacy: All data collected on this form is confidential and Electro Group Training QLD Ltd (EGT) only collects this information for the purposes of training and assessment, reporting, administration and evaluation of the program. EGT may also disclose personal information to another party without consent where authorised or required by law.

Refund policy: Cancellations received more than 10 working days prior to commencement of course will receive a 50 per cent refund. 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 EGT, 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. Electrogroup reserves the right to refuse to provide student services on failure to pay fees on or before the invoice due date.

- I certify that all information and any supporting documentation that I have provided is true and correct.
- I hereby acknowledge and accept the terms and conditions of enrolment and cancellation.
- I understand that before attending the first session it is my responsibility to apply for a Unique Student Identification (USI) number with the Australian Government Department of Industry Skills. (To register for a USI number <http://www.usi.gov.au/Pages/default.aspx#>)
- I agree to provide my Unique Student Identifier to EGT.
- I acknowledge receipt of the EGT Student Handbook and have read the Complaints and Appeals Policy and Procedures
- I understand that I may be refused student services (i.e. not be able to sit exams, delays in receipt of the Completion Statement, lock-out from the Student Portal and Learning Management System) if I fail to pay my fees on or before the invoice due date.
- I agree to abide by EGT 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.
- I consent to release of my personal information for the purposes outlined under the Privacy paragraph above.
- I grant Electrogroup, its representatives and employees the right to take photographs of me and my property in connection with the course promotion. I authorize EGT to copyright, use and publish the same in print and/or electronically and to use in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form. I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of these Images.
- I would like to receive information on other courses offered by Electrogroup Training.
- I give Electrogroup Training permission to access my USI account

Student declaration (Read carefully before signing)

Enrolments made by students under the age of 18 years **MUST** be signed by a parent / guardian.

I hereby certify that, I agree to abide by the Terms and Conditions of Enrolment of EGT.

SIGNATURE		DATE	
PARENT / GUARDIAN SIGNATURE (if under 18 years)		DATE	

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.