

RTO Number: 41407

Student Enrolment Form

Applicant Details:

Family Name:			Title:	
First Given Name:				
Second Given Name:				
Preferred Name:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:	
Home Number:			Mobile Number:	
Email				
Home address:				
postal address:				

Course details:

Course being applied for:	epar Professional Certification BSSBUS401 – Implement and Monitor Environmentally Sustainable Work Practices BSBRK401 – Identify Risk and apply risk management processes BSBWHS401 – Implement and Monitor Safety Policies, Procedures and Programs
Date ready to start:	After 1 July 2017
Location	<input type="checkbox"/> SYDNEY <input type="checkbox"/> NEWCASTLE <input type="checkbox"/> MELBOURNE <input type="checkbox"/> BRISBANE

Emergency contact details:

Full name:			
Daytime Number:		Mobile Number:	
Night time Number:		Relationship:	

Personal details:

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify)
Are you an Australian Citizen?	<input type="checkbox"/> YES	If NOT, please contact epar to discuss potential alternative training arrangements
Do you speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
How well do you speak English? (tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Are you of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
Do you identify yourself as having a disability? (Please tick)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Medical <input type="checkbox"/> Other		
Please specify:		
What is your highest COMPLETED school level? (Tick ONE box only.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In which YEAR did you complete school?	_____	

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<p>Are you still attending secondary school?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you successfully completed any of the following qualifications?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above</p>
<p>Of the following categories, which best describes your current employment status?</p>	<p><input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment</p>
<p>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</p>	<p><input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons</p>

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Your Personal Statement:

Why are you choosing this course?	
Do you have a specific career aim or job in mind for the future?	
Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you seeking credit for previous training or recognition of prior learning:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are there any individual needs you have that we should be aware of so we take these into account when planning your training:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes, please provide us a little more information:	

Unique Student Identifier

If you're studying nationally recognised training in Australia from 1 January 2015, you will be required to have a Unique Student Identifier (USI). Your USI links to an online account that contains all your training records and results (transcript) that you have completed from 1 January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.

One of the main benefits of the USI is the ability to provide students with easy access to their training records and results (transcript) throughout their life. You can access your USI account online from your computer, tablet or smart phone anytime. Fact sheets –available to download [Student Information for the USI](#)

It's free and easy to [create your own USI](#) and will only take a few minutes of your time.

If you have a USI please enter it below, **if not please create one and enter it below before you submit your enrolment.**

Please write your USI clearly in this space:	
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Employer details (if applicable)

Trading Name:			
PAYMENT OPTION (Please tick one)	Training fees included in epar Membership.		
Supervisor Name			
Contact Number:		Fax number:	
Work Address:			
Date ready to start:	1 July 2017		
<p>Enrolling student</p> <p>By signing this form, I certify that the information provided is true and correct. I further certify that:</p> <ul style="list-style-type: none"> - I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations. - In signing this form I consent to epar sharing information regarding my training with relevant government departments for statistical purposes. - I have reviewed the Schedule of Fees and Payments and have been informed of the refund policy. I have reviewed the relevant course brochure and have been informed of the training and assessment services to be provided and the units of competency to be completed. - The information I have provided in this form is true and correct. <p>Full name: _____</p> <p>Sign: Date: ____ / ____ / ____</p> <p>epar representative</p> <p>By signing this form, I certify that I will make every effort to deliver on the services outlined to students and provide every possible opportunity to students to complete their planned qualification.</p> <p>Full name: _____</p> <p>Sign: _____ Date: ____ / ____ / ____</p>			