

ENROLMENT FORM – E2 *(Non-accredited training only)*

ENROLMENT DETAILS

COURSE DETAILS *(Admin to complete)*

Course Name:	Course Code:	Course Cost: \$
Course Start Date:	Course End Date:	Location:
Payment Details: Fee for Service	Payment Due: \$	

Payment arrangements Required Yes No

PARTICIPANT INFORMATION *(Participant to complete) Use your legal name* **Certificate / Award will be issued in this name*

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
First Given Name:	Second Given Name (Middle):
Family name (surname):	Maiden Name:
Date of birth: DD/MM/YYYY	Gender (tick one box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Telephone (Home):	Telephone (Work):
Mobile:	Email:

Residential Address:

Building / Property Name:	Unit / Flat Details:	
Street Number:	Street Name:	
Suburb:	State:	Postcode:

Postal address (if different from above):

Suburb:	State:	Postcode:
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EMERGENCY CONTACT *(Participant to complete)*

Name of Person:	Relationship:	Mobile:
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If course is to be invoiced (other than participant details):

Organisation's Legal Name:	ABN:
Billing Address:	
Contact Name, Phone & Email:	

How did you hear about Risk Management Training Solutions

Employer RMTS staff Internet Radio Newspaper Website Facebook Other

Authorisation for further contact by RMTS:

<p>Keep me in the loop! I agree to receive information on events, accredited and non-accredited course releases, Certificate expiry and marketing material</p>	<p>YES</p>	<p>NO</p>
<p>Method and time of contact suitable:</p>		

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AVETMISS Data required as part of our mandatory data collection and reporting:

LANGUAGE AND CULTURAL DIVERSITY *(Student to complete)*

1. In which country were you born:

Australia Other (please specify):

Are you an: Australian Citizen Permanent Resident or Permanent Humanitarian Refugee

2. Do you speak a language other than English at home?

No, English only Yes, other specify:

3. Are you of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, to both

DISABILITY

4. Do you consider yourself to have a disability, impairment or long-term condition?

No go to question 6 Yes

5. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) below:

<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain impairment	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Other (please specify):

SCHOOLING

6. What is the highest COMPLETED school level (tick one box only):

<input type="checkbox"/> Year 12 qualification or equivalent;	<input type="checkbox"/> Year 11 qualification or equivalent;
<input type="checkbox"/> Year 10 qualification or equivalent;	<input type="checkbox"/> Year 9 qualification or equivalent;
<input type="checkbox"/> Year 8 qualification or equivalent;	<input type="checkbox"/> Never attended school (primary / secondary) go to question 8

7. Are you still attending secondary school?

Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

8. Have you SUCCESSFULLY completed any of the following qualifications?

Yes No, go to question 7

9. If YES then tick ANY applicable boxes

<input type="checkbox"/> Certificate I qualification	<input type="checkbox"/> Diploma or Associate diploma
<input type="checkbox"/> Certificate II qualification	<input type="checkbox"/> Advanced diploma or Associate degree
<input type="checkbox"/> Certificate III qualification or trade certificate	<input type="checkbox"/> Bachelor degree or higher degree
<input type="checkbox"/> Certificate IV qualification or advanced cert/technician	<input type="checkbox"/> Education other than above (including overseas qualification)

EMPLOYMENT STATUS

10. Of the following categories which BEST describes your current employment status?

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed - unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment

STUDY REASON

11. Of the following categories, which BEST describes your main reason for undertaking this qualification (tick one)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To get skills for community/voluntary work	

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PRIVACY STATEMENT AND PARTICIPANT DECLARATION

By signing this form, I acknowledge I understand the following information:

- I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment application or the withdrawal of any offer made by RMTS.
- I understand that Risk Management Training Solutions:
 - o Has collected personal information for the purposes of assessing my eligibility for this course.
 - o Will not otherwise disclose this information without my consent unless required or authorised by law.
 - o Will collect, manage and store my personal information according to the requirements of relevant State and/or Commonwealth legislation and the Australian Privacy Principles set out in the Privacy Act 1988.
- I agree and give permission to RMTS sharing (where necessary) my enrolment information with my Job Active or Disability Employment Service Provider.
- I have made RMTS aware of any learning difficulties I have.
- I consent to RMTS using this enrolment information for any subsequent enrolments as part of my ongoing training requirements with RMTS.
- I shall inform RMTS of any change to my contact details immediately they occur.

At any time, you may contact Risk Management Training Solutions on:

Email: admin@rmts.training

Phone: 07 5455 5451

Privacy Policy: rmts.training/privacy-confidentiality.

COURSE FEES

Course fees are payable prior to the commencement of the course.

Payment plans are available to participants only (not employers). Payment plans must be kept up-to-date at all times.

Failure to do so will result in Risk Management Training Solutions handing your account over to a debt collector.

REFUND POLICY

Risk Management Training Solutions' refund policy for full fee for service courses is that a refund must be requested in writing when a participant cancels or withdraws from study for any units of competency not yet commenced. The Chief Financial Officer has the discretion to approve the refund. A full refund is granted if RMTS cancels the course. More information is provided in the Participant Handbook.

Participant's Signature:	Date:
I, the undersigned Parent/Guardian hereby acknowledge the Enrolment and Fee of the above-mentioned Participant.	Date:
Parent/Guardian Name:	
Parent/Guardian Signature (if required):	
Authorised Employer Representative's Name:	Date: