

ENROLMENT FORM – E1 *(Accredited Training Only)*

ENROLMENT DETAILS																			
COURSE DETAILS <i>(Admin to complete)</i>																			
Course Name:			Course Code:			Course Cost: \$													
Course Start Date:			Course End Date:			Location:													
Payment Details: Fee for Service			Payment Due: \$																
Payment arrangements Required Yes <input type="checkbox"/> No <input type="checkbox"/>																			
PARTICIPANT INFORMATION <i>(Participant to complete) Use your legal name</i>					<i>*Certificate / Award will be issued in this name</i>														
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other																			
Family name (surname):					Maiden Name:														
First Given Name:					Second Given Name (Middle):														
Date of birth: DD/MM/YYYY					Gender (tick one box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Unique Student Identifier (USI):</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>										Unique Student Identifier (USI):									
Unique Student Identifier (USI):																			
* Please write the name that you used when you applied for your unique student identifier (USI), including any middle name.																			
Residential address:																			
Building / Property Name:					Unit / Flat Details:														
Street Number:					Street Name:														
Suburb:			State:			Postcode:													
Telephone (Home):			Telephone (Work):																
Mobile:			Email:																
Postal address (if different from above):																			
Suburb:					State:			Postcode:											
EMERGENCY CONTACT <i>(Participant to complete)</i>																			
Name of Person:				Relationship:			Mobile:												
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																			
<input type="checkbox"/> Employer <input type="checkbox"/> RMTS staff <input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Other																			
Authorisation for further contact by RMTS:																			
<p style="text-align: center;">Keep me in the loop!</p> <p>I agree to receive information on events, course releases, Certificate expiries and marketing material</p>				YES			NO												
				Method & Time of contact suitable:															

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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:		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
Are you an: Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> or Permanent Humanitarian Refugee		
2. Do you speak a language other than English at home?		
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, please specify:	
3. Are you of Aboriginal or Torres Strait Islander Origin?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, to both	
DISABILITY		
4. Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> No go to question 6	<input type="checkbox"/> Yes, go to question 5	
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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PREVIOUS QUALIFICATIONS ACHIEVED		
8. Have you SUCCESSFULLY completed any of the following qualifications?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, go to question 10	
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 qualifications)	
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"/> Self-employed – employing others	<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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RPL / Credit transfer (Please complete this even if you have completed a Certificate/Statement of Attainment with RMTS). If you are applying for RPL/CT you will need to complete a separate document and provide a certified copy of your Certificate / SOA:

RPL is the formal recognition of a person's current skills and knowledge, no matter how, when or where the learning occurred. Even if you have never formally studied or trained in a particular area, you may have gained knowledge and skills through your education, training, work and life experience.

RPL can avoid duplication of training. It can be used to identify what training you may need to complete a qualification, or provide a pathway to a higher qualification.

If you feel that you have skills, past experience or qualifications that should be recognised as part of your present course, then please mention this to your trainer. RPL shall be carried out prior to the commencement of training and will be identified when developing the training plan. RPL may be available on request at any stage throughout your training.

Credit transfer recognises previous formal learning (e.g. University, other qualifications). It uses an assessment of a previous course or subject that an applicant has achieved to determine whether it can be credited to the new course in which the applicant wishes to enrol.

Would you like to apply for any RPL or Credit transfer? No Yes **Complete RPL or Credit Transfer application**

PRIVACY STATEMENT AND PARTICIPANT DECLARATION

Privacy Notice:

Under the Data Provision Requirements 2012, RMTS is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by RMTS for statistical, administrative, regulatory and research purposes. RMTS may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au)

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 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.

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Unique Student Identifier – (USI) Declaration

From 1 January 2015, RMTS can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi>

If you would like RMTS to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> . By signing this form, I acknowledge that:

- I authorise RMTS to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.
- I have read, and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at https://www.usi.gov.au/system/files/documents/privacy_notice_0_0.pdf

Fee for service specific declaration

- I have been fully informed about the qualification/course to be undertaken and provided with a course outline
- I understand I will be invoiced for the course fees, or my employer will be invoiced
- That I will not be invoiced more than \$1,500.00 prior to the commencement of training
- After study commencement, the remaining course costs may be charged in advance, however shall not exceed \$1,500.00 at any one time
- I will make payment as per the terms of the invoice
- In accordance with RMTS Policies, I have been made aware of my responsibilities as a participant, attendance requirements and the need to undertake assessment
- I authorise RMTS to take and use photographs of me as evidence for assessment of units of competency as outlined in my training plan/program
- I acknowledge that I am over 18 years of age OR;
 - I am under 18 years of age my application has been acknowledged and signed by my parent or legal guardian OR;
 - I am a student receiving youth allowance on the basis of being independent.

I understand it is my responsibility to ensure the information I supply on this form or evidence I provide is my own and is current.
In supplying this information, I consent to the use of this information for the above purposes.

- I have been provided with access to the Participant Handbook prior to enrolment, including information about:
 - Complaints and Appeals.
 - Fees, Payments and Refunds
 - Recognition of Prior Learning and/or Credit Transfer
 - Cancellation and Withdrawal
 - Participant's responsibilities and Code of Conduct

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 RMTS handing your account over to a debt collector.

REFUND POLICY

RMTS 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. Parent/Guardian Name:

Date:

Parent/Guardian Signature (if required):

Date:

Authorised Employer Representative's Name: