



# Enrolment Form

BSB40807 Certificate IV in Frontline Management

<p><b>CSU Training</b>          Locked Bag 588          Wagga Wagga NSW 2678          Ph: 02 6933 2722 Fax: 02 6933 2882          E-mail: csustraining@csu.edu.au</p>
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**Applicants Details (please print clearly)**

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Address		
State	Postcode	
E-mail	Telephone Business	
Telephone Personal	Date of Birth	
Current place of employment		
Current Address of employment		
Current workplace position (i.e. fulltime, part-time, casual)		

**Trainee Details – To be completed & signed by the Trainee (all sections must be completed)**

<p><b>Gender</b> (tick one box)  <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p>	<p><b>Aboriginality</b>          Are you of Aboriginal    <input type="checkbox"/> Yes          Torres Strait Islander Origin?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p><b>Disability</b>          Do you consider yourself to have a permanent &amp; significant disability?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No          If Yes, specify type of disability          .....</p> <p>Do you require special assistance because of the disability?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	<p><b>Ethnicity</b>          Were you born in Australia?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If No, in which country were you born?          .....</p>
<p><b>Citizenship – Are you</b>  <input type="checkbox"/> Australian citizen    <input type="checkbox"/> New Zealand citizen                      <input type="checkbox"/> Australian permanent                      <input type="checkbox"/> Temporary resident  <input type="checkbox"/> None of the above, Please specify.....</p>	

<p><b>Language</b> Do you speak a language other than English at home?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No  If Yes, please specify the language spoken:  .....</p>	<p><b>Schooling</b> What is the highest level you completed at school?  <input type="checkbox"/> Year 12                      <input type="checkbox"/> Year 11  <input type="checkbox"/> Year 10                      <input type="checkbox"/> Year 9 or lower  In which year did you complete that level?.....  Are you still attending secondary school?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p><b>Prior Achievements</b> Have you completed any formal qualification?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No  If Yes, please tick one box only:  <input type="checkbox"/> Postgraduate Degree                      <input type="checkbox"/> Bachelor Degree  <input type="checkbox"/> Associate Degree                      <input type="checkbox"/> Advanced Diploma  <input type="checkbox"/> Diploma Level                      <input type="checkbox"/> Certificate IV  <input type="checkbox"/> Certificate III                      <input type="checkbox"/> Certificate II  <input type="checkbox"/> Certificate I                      <input type="checkbox"/> Misc Education  <input type="checkbox"/> Bridging &amp; Enabling Courses not identified</p>	<p><b>Employment</b> Of the following categories, which best describe your current employment status,  <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 family worker</p>

.....  
Applicant's Name:

.....  
Applicant's Signature:

.....  
Date:

## RPL/RCC and/or Credit Transfer

If you wish to apply for RPL/RCC or Credit Transfer, please indicate against the appropriate Unit/s below. Your Assessor will contact you to arrange a telephone interview time to discuss your application and explain evidence requirements. If you are applying for Credit Transfer, please include a certified copy of your Statement of Attainment/s supported by evidence of your current competence. Eg; a statement from your employer verifying your current competence in the Units for which Credit transfer is being sought.

**Please indicate what you are applying for:  
RPL/RCC= RPL; Credit Transfer = CT; Enrolment = Enr**

BSB40807 Certificate IV in Frontline Management		Select Unit
<b>Select four units from the units listed below</b>		
BSBMGT401A	Show leadership in the workplace	√
BSBMGT402A	Implement operational plan	√
BSBOHS407A	Monitor a safe workplace	√
BSBWOR402A	Promote team effectiveness	√
<b>Electives. Select any 6 from the units listed below.</b>		
BSBCUS403A	Implement customer service standards	
BSBWOR401A	Establish effective workplace relationships	
BSBWOR404A	Develop work priorities	
BSBINN301A	Promote innovation in a team environment	
BSBMGT403A	Implement continuous improvement	
BSBCMM401A	Make a presentation	
BSBRSK401A	Identify risk and risk management processes	
BSBWRT401A	Write complex word documents	

## Course Fee

Payment of the \$404 enrolment fee must be made upon enrolment and is non refundable. (see page 4 for details)

## Course Fee Payment Schedule – (please indicate your preferred payment method)

Upfront payment of \$3,300

OR

- Pay in six instalments of
- \$404 upon enrolment ;
  - \$580 on completion of 2 units;
  - \$580 on completion of 4 units;
  - \$580 on completion of 6 units;
  - \$580 on completion of 8 units;
  - \$580 upon completion.

Single Unit or Skill Set \$350 per Unit

OR

Please contact CSU Training (02 6933 2722) if you want to vary the payment schedule

**Credit Transfer** No charge (recognition of equivalent AQF Unit only), supported by evidence of current work.

*Request for Withdrawals must be made in writing within two months of enrolment and prior to any assessments being completed.*

*Refunds will be authorised less a \$404 administration/cancellation fee.*

*The entire program must be completed within 2 years from the initial enrolment date, unless an extension has been granted.*

Cheque made payable to CSU Training

Money Order made payable to CSU Training

Please debit my credit card for  \$404 enrolment fee

\$3,300 for whole qualification

\$..... for Skills set/s at \$350 per Unit

Bankcard

MasterCard

Visa

Card Number..... Expiry Date.....

Card Holder's Name

Cardholder's Signature

**Course Fees**

Please direct the invoice for fees to:

Name: .....

Signature: .....

Position: .....

Address: .....

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Organisation stamp: (if applicable)