



CSU staff Enrolment Form

BSB40807 Certificate IV in Frontline Management

<p>CSU Training Locked Bag 588 Wagga Wagga NSW 2678 Ph: 02 6933 2722 Fax: 02 6933 2882 E-mail: csutraining@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>Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Aboriginality Are you of Aboriginal <input type="checkbox"/> Yes Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Disability Do you consider yourself to have a permanent & 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>Ethnicity Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born? </p>
<p>Citizenship – Are you <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>Language 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>Schooling 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>Prior Achievements 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 & Enabling Courses not identified</p>	<p>Employment 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:

BSB40807 Certificate IV of Frontline Management		Select Unit
BSBMGT401A	Show leadership in the workplace	√
BSBMGT402A	Implement operational plan	√
BSBOHS407A	Monitor a safe workplace	√
BSBWOR402A	Promote team effectiveness	√
BSBWOR401A	Establish effective workplace relationships	√
BSBWOR404A	Develop work priorities	√
BSBCUS403A	Implement customer service standards	√
BSBMGT403A	Implement continuous improvement	√
Electives. Select any two from the units listed below.		
BSBFIA402A	Report on financial activity	
BSBCMM401	Make a presentation	
BSBINN301A	Promote innovation in a team environment	
BSBRISK401A	Identify risk and risk management processes	
BSBWRT401A	Write complex documents	

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

Course Fee

Total Fee \$2,600

This fee includes a \$404 enrolment fee which is non refundable.

- Please complete the attached individual course fee details and return with your application
OR
- Complete the attached internal funds transfer and return with your application
OR
- Contact CSU Training (02 6933 2722) if you want to vary the payment schedule**

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

- Upfront payment of \$2,600
- Payment of enrolment fee \$404 (an invoice for the balance of \$2196 will be sent within 5 days of enrolment)

OR

- Pay in five instalments of
 - \$404 upon enrolment ;
 - \$549.00 on completion of 2 units;
 - \$549.00 on completion of 4 units;
 - \$549.00 on completion of 6 units;
 - \$549.00 on completion.

OR

- Contact CSU Training (02 6933 2722) if you want to vary the payment schedule**

*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

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:

Address:



FUNDS/TRANSACTION TRANSFER REQUEST

1. INSTRUCTIONS

Form to be used to request: - Transfers of funds or of budgets between Codes;
 - Transfers of expenditure or income transactions to correct codes.
 Form to be authorised by: Budget Centre Manager for code from which funds or budget are to be taken.
 Completed form to be forwarded to: Finance Manager, Ledgers – Wagga Wagga campus

2. DETAILS

TRANSFER FUNDS OR TRANSACTION												
FROM				TO				AMOUNT	FUNDS/	TRANSACTION DESCRIPTION		
Fund	Org	Acct	Prog	Fund	Org	Acct	Prog	\$	INC/EXP			
				E163	770	610	6512	\$2,600		CSU Staff Cert IV FLM Course fee		

Details: _____

3. AUTHORITIES

	Chris Murray	25/02/09	Finance Department Use Only	
	_____ Printed Name of Originator	_____ Date		
_____ Signature Budget Centre Manager	_____ Printed Name of Signatory	_____ Date	_____ Finance Manager	_____ Date

FF19.0501