



Enrolment Form- 2008

Upgrade to Certificate IV in Training and Assessment (TAA40104)

CSU Training Locked Bag 588 Wagga Wagga NSW 2678 Ph: 02 6933 2722 Fax: 02 6933 2882 E-mail: csutraining@csu.edu.au

Applicants Details

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)

Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Aboriginality Are you of Aboriginal <input type="checkbox"/> , or Torres Strait Islander Origin? <input type="checkbox"/>
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 Do you require special assistance because of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born?
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>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 <input type="checkbox"/> Student</p>

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Applicant's Name:

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Applicant's Signature:

.....
Date:

Payment Details

Total Fee \$1496

Payment of the \$400 enrolment fee must be made upon enrolment.

Course Fees Payment Schedule

Upfront payment of \$1496

OR

- Pay in four instalments of
 - \$400 upon enrolment
 - \$411 on completion of Part 1 Units;
 - \$274 on completion of Part 2 Units;
 - \$411 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 \$400 administration/cancellation fee.

The entire program must be completed within 12 months 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 \$400

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:

.....

Organisation stamp: (if applicable)