



Enrolment Form

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)	
<p>Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Aboriginality Are you of Aboriginal 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 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>

Have you previously completed study in a VET course with CSU School of Education?.....

.....
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 BSZ40198 Certificate IV in Assessment and Workplace Training and/or imported Units supported by evidence of your current competence. Eg; Current job description relevant to working in VET, supported by 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/Credit Transfer/Enrolment**

Certificate IV in Assessment and Training		Select Unit
TAAENV401B	Work effectively in vocational education & training	
TAAENV402B	Foster & promote an inclusive learning culture	
TAAENV403B	Ensure a healthy & safe learning environment	
TAADES401B	Use training Packages to meet client needs	
TAADES402B	Design & develop learning programs	
TAADEL401B	Plan & organise group-based delivery	
TAADEL404B	Facilitate work-based learning	
TAADEL403B	Facilitate individual learning	
TAAASS401B	Plan & organise assessment	
TAAASS402B	Assess competence	
TAAASS403B	Develop assessment tools	
TAAASS404B	Participate in assessment validation	
Choose two Units from the list below		
Electives		
TAADEL301B	Provide Training through instruction & demonstration of work skills	
TAADEL402B	Facilitate group-based learning	
TAADEL405B	Co-ordinate & facilitate distance-based learning	
TAAENV404B	Develop innovative ideas at work	
TAATAS401B	Maintain information requirements of training &/ or assessment organisations	
TAALLN401B	Apply strategies to assist learners develop English language, literacy & numeracy skills	
Imported Units		
BSBCMN404A	Develop teams and individuals	
BSBCMN405A	Analyse and present research information	
BSBCMN409A	Promote products and services	

Payment Details

Total cost: \$2,154

Payment of the \$404 enrolment fee must be made upon enrolment.

Unit Fee is \$125 per Unit (RPL/RCC or Course work)

Credit Transfer - No Fee

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

- Upfront payment of \$2,154
OR
- Pay in five instalments of
- \$404 upon enrolment ;
 - \$440 on completion of Part 1 Units;
 - \$440 on completion of Part 2 Units;
 - \$440 completion of Part 3 Units;
 - \$440 on completion of Part 4 Units.

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 \$394 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 the amount of \$.....

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)