Enrolment Form

PLEASE PROVIDE AN ANSWER TO ALL QUESTIONS ON THIS FORM – PLEASE USE BLOCK LETTERS

<table>
<thead>
<tr>
<th>Course:</th>
<th>Course Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Date of enrolment: __ __ / __ __ / __ __

Student Details

<table>
<thead>
<tr>
<th>Unique Student Identifier (USI)</th>
<th>Learner Unique Identifier (LUI)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Visit [www.usi.gov.au](http://www.usi.gov.au) to apply for USI  
Visit [www.qcaa.qld.edu.au](http://www.qcaa.qld.edu.au) for more info

Gender: [ ] Female  [ ] Male  
Title: [ ] Mr  [ ] Mrs  [ ] Miss  [ ] Other

Given Name:  
Middle Name:  
Surname:  
Date of Birth: 

Have you been known by any other names?

The name recorded above should be the same as shown on the following documents – Australian Passport, Australian Driver Licence, Australian Birth Certificate, Medicare Card, Visa).

Contact Details

<table>
<thead>
<tr>
<th>Mobile Phone:</th>
<th>Home Phone:</th>
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</thead>
<tbody>
<tr>
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</table>

Email Address:  
Residential Address:  
Suburb:  
State:  
Postcode:  
Postal Address: (if different from Residential)

Cultural Diversity and Citizenship

Do you identify yourself as any of the following?  
[ ] Aboriginal  [ ] Torres Strait Islander  [ ] South Sea Islander  [ ] N/A

Country of Birth:  
Australain Citizen:  
Yes [ ] No [ ]

If no, please outline: (eg Permanent Resident)

Employment

Are you currently working?  
[ ] Part time  [ ] Full time  [ ] Casual  [ ] School Based  
[ ] Self Employed  [ ] Other

Language

Do you come from a non-English speaking background?  
Yes [ ] No [ ]

If yes, is language assistance required?  
Yes [ ] No [ ]

If yes, please outline the second language:
Schooling

Highest Level Completed at School:

Year Completed: (eg 1971)

Are you still attending school: Yes No

Name of school:

Previous Qualifications Achieved

Have you successfully completed any other qualifications?

- Certificate II
- Certificate III
- Certificate IV
- Diploma
- Degree

Queensland Government Certificate 3 Guarantee and Higher Level Skills Programs

Eligibility

IMPORTANT – please read carefully

Under the certification 3 Guarantee and Higher Level Skills Programs, the Queensland Government provides a subsidy for selected Certificate I, II, III, IV or higher level qualifications or priority Skills Sets aligned to critical occupations identified by government and industry. To be eligible individuals must:

- Be aged 15 years or over, and no longer at school
- Permanently reside in Queensland
- Be an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen
- When enrolling into a Certificate III or below you must not hold, and not be enrolled in, a Certificate III or higher level qualification
- Specific restrictions may apply to participation in certain subsidised qualifications you will be advised of any restrictions prior to enrolments

I confirm that I am not currently enrolled in any other qualifications which would result in me not being eligible for this enrolment to proceed (refer to point 4 and 5 above)

Yes No

If enrolling into a Certificate III or below, I confirm that I do not already hold Certificate III or higher level qualifications (refer to point 4 above)

Yes No

If enrolling into a Certificate IV or higher level qualification, I confirm that I do not already hold a Certificate IV or higher level qualification (refer to point 5 above)

Yes No

False or misleading information concerning your prior qualifications or not advising of any current enrolments may result in being withdrawn or being liable for further financial outlay for this enrolment.

Study Reason

Which best describes your main reason for undertaking this training:

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other

Disclosure

Educational authorities – such as Prestige Service Training, research organisations contracted by Prestige Service Training and the National Centre for Vocational Education Research – conduct surveys of past and existing students for customer satisfaction, improvement and marketing purposes.

If you have any objections to being contacted, please tick here.

Yes
### Disabilities

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider yourself to have a disability, impairment or long term condition that could affect your learning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify <em>(not essential)</em>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like to receive advice on support services which may assist in the learning process?</td>
<td></td>
<td></td>
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</tbody>
</table>

### Concession

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you eligible for a Fee Concession or Exemption:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, tick the relevant evidence at time of enrolment:</td>
<td></td>
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</table>

#### HCC/PCC Card Holders to complete the below details

**Centerlink Concession Validation Consent** – Health Care Card (HCC) or Pensioner Concession Card (PCC) issued by Centerlink. Do you authorise Prestige Service Training to confirm with Centerlink the details that you have provided match with Centerlink records and whether you are still receiving a Centerlink benefit? *(this consent can be revoked at any time?)*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

If yes, please complete the following:

- **Card Number:**
- **Primary Cardholder’s Name:**
- **Consent Granted:**
- **Primary Cardholder’s Card Number:**
- **Primary Cardholder’s Signature:**

**Date:**

### Emergency Contact *(Person you want us to contact in the case of an emergency)*

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Relationship: <em>(eg parent, partner)</em></td>
</tr>
<tr>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Email:</td>
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</tbody>
</table>
Payment Details

1. This payment plan agreement is designed to provide parents/carers with an easy, hassle free way to pay student course fees.
2. All payment plans are required to be finalised by the month prior to the course completion, unless negotiated otherwise.
3. Payment of an initial acceptance fee of $100.00 will activate your payment plan.
4. A resource book fee of $15 will be charged – if the original resource book is lost.
5. The payment plan is to be carried out according to the payment arrangement option as originally chosen.
6. Non-payment of the scheduled payment plan will generate a reminder notice to the parent/carer from Prestige Service Training at intervals of 30 days overdue and 60 days overdue. The Financial Officer may thereafter undertake debt recovery action for the overdue participation fee, including referral to an external debt collection agency. This may result in extra costs being incurred by the parent/carer.
7. This agreement must be maintained for your child to retain access to the course.

Parent/Carer Experiencing Financial Difficulties

1. If a parent/carer participating in a payment plan experiences financial hardship, they are encouraged to contact the Prestige Service Training Finance Officer to discuss how their financial obligations can be met throughout the course term, or to negotiate alternative arrangements that may be available to accommodate their individual circumstances. All discussions will be held in the strictest of confidence.

Payment Options:
- Cash
- Credit Card
- Direct Debit

Credit Card Type:
- Visa
- Mastercard

Negotiated Instalments (please tick):
- Term over ___ terms
- Monthly over ___ months
- Weekly over ___ weeks

Deposit Amount: $

Total to be Paid: $
Instalment Amount per Payment: $

Selected date of first $100.00 payment: __ ___ / __ ___ / __ ___

Credit Card Details
Card Number:
Expiry Date: __ ___ / __ ___ / __ ___
CCV:

Direct Debit
Bank Name:
Account Name:
BSB: __ __ __ -
Account Number: __ __ __ __ __ __ __ __ __ __

Parent/Guardian Details – For Invoicing and Payments
Full Name:
Address:
Parent/Guardian Phone Number: ____________________________ Email: ____________________________
Student Declaration

☐ I would like to apply for enrolment with Prestige Service Training for the above mentioned qualification/unit/workshop.

☐ I will read the Prestige Service Training Student Handbook and understand that by signing this enrolment form, agree to abide by all of the rules, policies, codes of practice and legislation as outlined, you will find this on our website.

☐ I acknowledge and agree for my personal data to be used for marketing purposes and may be shared between relevant training and employer organisations.

☐ I agree to join the Prestige Service Training Facebook group to receive up to date information on my training course.

How did you hear about Prestige Service Training?  
☐ Employer  ☐ Internet  ☐ Word of mouth
☐ Magazine  ☐ Newspaper  ☐ Other

| Name: | Date: |__  __  | __  __  |
|-------|------|--------|
| Signature: | Date: |__  __  / __  __ / __ __ |

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Date:</th>
<th>__  __  / __  __ / __ __</th>
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</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
<td>__  __  / __  __ / __ __</td>
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</table>
Original ID sighted and copied for each student. Forms of ID can be but not limited to – (these are required as evidence of student identification and age if required)
- Drivers licence
- Student ID
- Passport
- Birth certificate & copy of Medicare card or Eftpos card
- Proof of Australian citizenship or New Zealand citizenship who is permanently residing in Queensland

Proof of residence could be but not limited to
- Utilities account
- Rates notice
- Rental / lease agreement
- Letter from parent/guardian (with a copy of their ID for proof of residence
- Copy of concession card if applicable

Refer to the Eligibility Requirements Checklist for clarification on what Identification is acceptable for evidence.

### Additional Information

<table>
<thead>
<tr>
<th><strong>Invoice amount:</strong></th>
<th>$</th>
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<tbody>
<tr>
<td><strong>School:</strong></td>
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<tr>
<td><strong>Release Day:</strong></td>
<td></td>
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<tr>
<td><strong>Organisation:</strong></td>
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