

Enrolment Form



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

Course:		Course Location:	
Date of enrolment:	_ _ / _ _ / _ _		

Student Details

Unique Student Identifier (USI)	Learner Unique Identifier (LUI)

Visit www.usi.gov.au to apply for USI

Visit www.qcaa.qld.edu.au for more info

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> 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

Mobile Phone:		Home Phone:	
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?	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> South Sea Islander
	<input type="checkbox"/> N/A		
Country of Birth:		Australian Citizen:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please outline: (eg Permanent Resident)			

Employment

Are you currently working?	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	<input type="checkbox"/> Casual	<input type="checkbox"/> School Based
	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Other		

Language

Do you come from a non-English speaking background?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is language assistance required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please outline the second language:			

Schooling

Highest Level Completed at School:		Year Completed: (eg 1971)				
Are you still attending school:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade:				
Name of school:						

Previous Qualifications Achieved

Have you successfully completed any other qualifications?	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV
	<input type="checkbox"/> Diploma	<input type="checkbox"/> 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:	<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other
	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

Do you consider yourself to have a disability, impairment or long term condition that could affect your learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify (<i>not essential</i>):	
Would you like to receive advice on support services which may assist in the learning process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concession

Are you eligible for a Fee Concession or Exemption:	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
If yes, tick the relevant evidence at time of enrolment:	<input type="checkbox"/> DVA Card <input type="checkbox"/> ATSI																					
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?) <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If yes, please complete the following:	<input type="checkbox"/> HCC <input type="checkbox"/> PCC																					
Card Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
If the student is a listed dependant on a HCC or PCC, the primary cardholder of the HCC or PCC must also give consent to the above check. (this consent can be revoked at anytime) <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If yes, please complete the following:	<input type="checkbox"/> HCC <input type="checkbox"/> PCC																					
Primary Cardholder's Name:																						
Consent Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following: <input type="checkbox"/> HCC <input type="checkbox"/> PCC																				
Primary Cardholder's Card Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Primary Cardholder's Signature:		Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

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

Name:																																								
Relationship: <small>(eg parent, partner)</small>																																								
Mobile Phone:																					Home Phone:																			
Email:																																								

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:	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Debit
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Deposit Amount: \$
Negotiated Instalments (please tick):	<input type="checkbox"/> Term over ___ terms	<input type="checkbox"/> Monthly over ___ months	<input type="checkbox"/> Weekly over ___ weeks
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?	<input type="checkbox"/> Employer	<input type="checkbox"/> Internet	<input type="checkbox"/> Word of mouth
	<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other

Name:			
Signature:		Date:	__ __ / __ __ / __ __
Parent/Guardian Name:			
Signature:		Date:	__ __ / __ __ / __ __

Office Use Only

Student ID Number:	<input type="text"/>	Date:	<input type="text"/>
Handover Date:	<input type="text"/>	From:	<input type="text"/>
Training Plan Sent:	<input type="checkbox"/> Employer <input type="checkbox"/> Student	Date:	<input type="text"/>
Comments:	<input type="text"/>		

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

Invoice amount:	\$ <input type="text"/>
School:	<input type="text"/>
Release Day:	<input type="text"/>
Organisation:	<input type="text"/>