

ENROLMENT FORM



PLEASE PRINT CLEARLY.

The names that you provide below will be printed on any certificates or statements issued.

Two forms of identification (in colour) one being photo id must be provided at enrolment (see Proof of ID section).

Course:		Location:		Date of training	
10660NAT Course in Swimming Pool Safety Inspections					
Title:	Mr / Mrs / Miss / Ms	Date of Birth:	____/____/____		
Given Name:		Surname:			
Middle Name/s:		Gender:	Male	Female	
Unique Student Identifier (USI):	<i>If you don't have a USI you must apply for a USI online at www.usi.gov.au and follow the instructions provided.</i>				
Home Ph:		Mobile:			
Email:					
Residential Address:					
Suburb:		State:		Postcode	
Postal Address (if different from above):					
Suburb:		State:		Postcode	

The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) and where applicable, the VET FEE-HELP data collection. This information is required for the collection and analysis of vocational education and training throughout Australia.

Residency Status:	<input type="radio"/> Australian Citizen <input type="radio"/> A foreign national with Australian Permanent Residency		<input type="radio"/> New Zealand passport holder who has been in Australia for at least 6 months <input type="radio"/> Humanitarian refugee	
Indigenous Status:	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> Neither		Concession and or Health Care Card	<input type="radio"/> Yes <input type="radio"/> No Card Number:
Country of Birth:			If not Australian, year of arrival in Australia:	
Language Spoken at Home:			How well do you speak English? <input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all	
Do you identify yourself as having a disability:	<input type="radio"/> No <input type="radio"/> Yes, Intellectual <input type="radio"/> Yes, Learning <input type="radio"/> Yes, Medical		<input type="radio"/> Yes, Hearing <input type="radio"/> Yes, Vision <input type="radio"/> Yes, Physical <input type="radio"/> Other	
If Yes to previous question, would you like to receive advice on support services which may assist you?				<input type="radio"/> Yes <input type="radio"/> No
Highest Completed School Level:	<input type="radio"/> Year 12 <input type="radio"/> Year 11 <input type="radio"/> Year 10 <input type="radio"/> Year 9 <input type="radio"/> Year 8 or below			
What year did you complete this level (e.g. 2008)?		List the postcode of your residence during that year:		

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Have you successfully completed any of the following qualifications?	<input type="radio"/> No <input type="radio"/> Certificate I <input type="radio"/> Certificate II	<input type="radio"/> Certificate III <input type="radio"/> Certificate IV <input type="radio"/> Diploma	<input type="radio"/> Miscellaneous Education <input type="radio"/> Advanced Diploma & Associate Degree <input type="radio"/> Bachelor Degree or Higher Degree
Please indicate how you were referred to SPASA	Direct Marketing Trade Show Magazine Internet search	My Employer State Training Services Other: _____	Industry Skills Council Another Training Provider Another Student
Current employment status:	<input type="radio"/> Full time employee <input type="radio"/> Part time employee <input type="radio"/> Self-employed – not employing others <input type="radio"/> Employer	<input type="radio"/> Employed – unpaid worker in a family business <input type="radio"/> Unemployed – seeking full time work <input type="radio"/> Unemployed – seeking part time work <input type="radio"/> Not employed – not seeking employment	
Which best describes your main reason for doing this course (select ONE only):	<input type="radio"/> To get a job <input type="radio"/> To get a better job or promotion <input type="radio"/> To start my own business <input type="radio"/> To develop my existing business <input type="radio"/> To try for a different career	<input type="radio"/> It is a requirement of my job <input type="radio"/> I want extra skills for my job <input type="radio"/> To get into another course of study <input type="radio"/> For personal interest or self-development <input type="radio"/> Other reasons	

EMERGENCY CONTACT DETAILS:

Name:	Relationship to You:	Phone:
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Proof of Identification:	<input type="radio"/> Drivers license or Passport and <input type="radio"/> Medicare Card Please attach a COLOUR copy of your Drivers license or Passport and Medicare card.
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Declaration and Consent: (PLEASE READ AND SIGN BELOW TO INDICATE YOUR CONSENT)

I understand that the information provided by me will be used by SPASA, the Department of Education and Training and the Australian Skills Quality Authority will only be kept for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes. This information will not be referred to or provided to ANY un-authorised parties under any circumstances unless given express permission in writing by the student to do so.

By signing this form, I certify that the information provided is true and correct and provide consent for this information to be used by the parties listed above. I further certify that I have read the student handbook and been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided.

Full Name:			
Signature:		Date:	____/____/____

ENROLMENT FORM



PAYMENT AUTHORISATION

Invoice Details - Please fill this in if an invoice has not been raised					
Company Name					
Student's Name/s					
Postal Address					
Suburb		State		Post Code	
Please fill this in if the invoice is going to a company					
Purchase Order Number (if required)					
Company Contact Name (Accounts)					
Company Contact Email (Accounts)					
Company Phone		Company Fax			
Training Price					
QLD - 10660NAT - Course in Pool Safety Inspections One (1) instalment \$1,495					
Preferred Payment Option					
Direct Deposit <input type="checkbox"/> A/C Name: Smart Start BSB: 064430 A/C: 11043383 Bank: Commonwealth Bank Note: Please quote the invoice number or your Surname, this will help us allocate your payment correctly.		Direct Debit <input type="checkbox"/> See form attached.			
		Credit Card: Complete form below <input type="checkbox"/> (MasterCard/Visa/AMEX - incurs 3% surcharge)			
Credit Card Authorisation Form					
Cardholders Name:					
I authorise SPASA to debit from my card the amount of \$					
Card Number:					
Expiry Date:		Type of card: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>			
Verification Number (this is the last 3 digits on the back of card):					
Signature:					
Invoice Number (If known)					
Number:					
Now do one of the following.					
Post to: Swimming Pool and Spa Association of Australia (SPASA) Attention: Training Department PO BOX 245 NORTHMEAD NSW 2152		Fax to: 02 9630 6355 Attn: Training Department		Email to: training@spasa.com.au	

LANGUAGE, LITERACY AND NUMERACY SUPPORT INDICATOR

NAME:

DATE:

LANGUAGE

Please circle the correct response.

1. Spiders spin webs, but bees make: (**money** **hurry** **honey** **hurdle**)
2. Motor cars have round: (**trams** **rotate** **wheels** **where**)
3. Fertiliser helps plants to: (**die** **grow** **water** **rose**)
4. A television has a: (**electricity** **buttons** **plastic** **screen**)
5. The boys were playing soccer on the field. Mark said "The grass is a funny colour today. Most of the time it looks: (**grey** **green** **blue** **long**)."
6. Planes fly in the sky and boats go well on the water. Trains must travel on a:
(**door** **window** **track** **truck**)

LITERACY

Read the information below and answer the questions that follow.

Children soon pick up messages about how difference is valued by others around them. Sometimes our own embarrassment about difference gives children confusing or negative images about difference. For example, a child who sees someone sitting in a wheelchair for the first time is likely to stare at the person. If his/her caregiver feels embarrassed and scolds the child for staring, the child is likely to think that there is something shameful about being in a wheelchair. In this way the child may begin to develop a prejudice against people in wheelchairs.

1. How do children learn about how difference is valued?

2. What gives children negative messages about difference?

3. Why would a child stare at someone in a wheelchair?

4. Why would the caregiver scold the child for staring?

NUMERACY

Question	Answer
$3 + \square = 12$	
$20 - \square = 8$	
$23 + 44 = \square$	
$96 - 42 = \square$	
$5 \times 4 = \square$	
$80 \div 10 = \square$	
There were 4 tables in the room and each table seated 5 people. How many people could be seated altogether?	

<p>There were three buses. The first bus had 24 children, the second bus had 36 people and the third bus had 48 children. How many children were there altogether?</p>	
<p>I had \$15 to share between 3 people. How much does each person receive?</p>	
<p>I had \$245 in my bank account. I bought a pair of jeans for \$56 and a jumper for \$38. How much do I have left?</p>	

Signatures of Parties:

Trainer Name

Trainer Signature

Date

Student Signature: _____ Date: _____