

**PLEASE NOTE: Download/save the form to your hard drive, then complete all areas of the enrolment.**

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

Identification (in colour) being photo ID or Passport must be provided at enrolment.

**Qualification enrolling into:** Pool Safety Inspectors Course (11067NAT)

**Date of Course enrolling into:**

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### Student Details:

Title: \_\_\_\_\_ Full name: \_\_\_\_\_  
{ First, middle and surname }

Date of birth: \_\_\_\_\_ USI number: \_\_\_\_\_  
{ If you don't have a USI you must apply for a USI online at [www.usi.gov.au](http://www.usi.gov.au) and follow the instructions provided. }

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential address: \_\_\_\_\_  
{ Unit no., Street no., Street, Suburb, State, Postcode }

Postal address: \_\_\_\_\_  
{ If different to residential address }

The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data collection.

This information is required for the collection and analysis of vocational education and training throughout Australia. It is not made available to any third party for any other purpose.

Residency status: \_\_\_\_\_ Indigenous status: \_\_\_\_\_

City of birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Level of language proficiency: \_\_\_\_\_

Do you have any disabilities that would impact on your ability to complete the qualification? \_\_\_\_\_

What disabilities do you identify as having? \_\_\_\_\_

Will you require extra support to assist you in completing your qualification? \_\_\_\_\_  
{ If 'Yes', SPASA Training will contact you to arrange support. }

**Education & Background:**

Highest completed school level: \_\_\_\_\_ Year completed: \_\_\_\_\_

Most recent qualification: \_\_\_\_\_

Current employment status: \_\_\_\_\_

Which best describes your main reason for enrolling? \_\_\_\_\_

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**Declaration and Consent: (PLEASE READ AND SIGN BELOW TO INDICATE YOUR CONSENT)**

I have reviewed the pre-enrolment information at [www.irlearning.com](http://www.irlearning.com) including the fee information, Recognition of Prior Learning, Credit Transfer, deferring or discontinuing training, Consumer Protection information, how to access support and assistance during my training and I understand my rights and obligations prior to my enrolment.

I understand that the information provided by me will be used by IRLearning, the Department of Education and Training and the Australian Skills Quality Authority for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes. I understand that IRLearning is required to assess any information I provide to determine if a Recognition of Prior Learning process is available to me as a student to maximise the outcomes of my learning and assessment progress.

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.

NOTE: Acceptance of enrolment will be subject to experience and other factors

Students name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Emergency Contact details:** (Can be relative, next of kin or work colleague)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

**Payment Options:** How do you wish to pay for your training? \_\_\_\_\_

Payment options details can be located on the next page.



**Payment Authorisation:**

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Invoice Number: \_\_\_\_\_ If invoice number unknown, please complete below:  
Company name: \_\_\_\_\_  
Student name/s: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
{ PO Box or Street no., Street, Suburb, State, Postcode }

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Invoice details - Please complete this section if the invoice is going to a company:

Company Phone: \_\_\_\_\_ Purchase order (if required): \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_  
Company Contact Email: \_\_\_\_\_

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Course Fee: \$1,495.00

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Preferred Payment Option:

Direct Deposit - Account Name: Smart Start - BSB: 064 430 - Acc: 1104 3383  
Commonwealth Bank  
{ Please quote invoice no. or surname name as a reference. }

Direct Debit - See form attached  Credit Card - Complete form below

   Name on Card: \_\_\_\_\_

Expiry:   /   CVV:

Card No:

Signature: \_\_\_\_\_

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Notes:

Send completed form to the attention of the Training Department:

Post: Unit 1/33 Daking Street, North Parramatta NSW 2151  
Email: [jacqui@spasa.com.au](mailto:jacqui@spasa.com.au)

Have a question?  
Contact us: Toll free: 1800 802 482 or email: [training@spasa.com.au](mailto:training@spasa.com.au)

