



## STUDENT ENROLMENT FORM

The information contained in this form is used for enrolment and statistical purposes; to assist in research and evaluation by relevant government agencies and Traxion Training. Please complete all information.

1. COURSE DETAILS			
Course code:	10660NAT	Course Name:	Course in Swimming Pool Safety Inspections
Delivery mode:	Distance	Face to face	Combination
Is RPL being sought as part of this qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact your trainer for further details		
Course commencement date:			
2. PERSONAL DETAILS			
<b>NOTE: These details are used to produce and mail your Statement of Attainment within 7 business days of course completion. A reissue fee of \$50 applies should a reissue occur as a result of incorrect or changed information.</b>			
<b>STUDENT USI</b>			
Name:	(please print your name as it appears on your drivers licence clearly in capital letters)		Date of Birth:    /    /
Residential Address:			Post Code:
Mailing address: (if different from above)			
Phone:	Hm	Wk	Mob
Email:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you an international student visiting Australia travelling on a Student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you identify yourself as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Yes both <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander		
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, in which country were you born?			
Is English your first spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Language spoken?			
How well do you speak English?	<input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Do you have a disability, impairment or long term health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please advise condition:			
3. EDUCATION DETAILS			
What is your highest completed school level?	<input type="checkbox"/> Year 8		<input type="checkbox"/> Year 9
	<input type="checkbox"/> Year 11		<input type="checkbox"/> Year 12
What year did you complete this level?			
Have you successfully completed any of the following qualification levels?	<input type="checkbox"/> Cert I		<input type="checkbox"/> Cert II
	<input type="checkbox"/> Cert IV		<input type="checkbox"/> Diploma
	<input type="checkbox"/> Bachelor Degree or higher		
<b>4. EMPLOYMENT STATUS</b>			
Of the following categories, which best describes your current employment status?	<input type="checkbox"/> Part time employee		<input type="checkbox"/> Full time employee
	<input type="checkbox"/> Unemployed seeking full time work		<input type="checkbox"/> Unemployed seeking part time work
	<input type="checkbox"/> Employer		
	<input type="checkbox"/> Self employed but not employing others		



5. REASON FOR STUDY		
What is your reason for undertaking this course?	<input type="checkbox"/> To get employment	<input type="checkbox"/> To develop existing skills
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To change careers
	<input type="checkbox"/> To get a promotion	<input type="checkbox"/> Job requirement
	<input type="checkbox"/> Personal interest	<input type="checkbox"/> To get a better job
	<input type="checkbox"/> To get into another course of study	
6. EMERGENCY CONTACT		
Name:		
Phone:		

7. STUDENT DECLARATION	
<input type="checkbox"/> I confirm the accuracy of the information provided <input type="checkbox"/> I accept responsibility for the payment of the course listed above <input type="checkbox"/> I agree to the terms and conditions listed in this enrolment form <input type="checkbox"/> I consent to the disclosure of my details by the Registered Training Organisation to government agencies as required under the Training and Employment Act	Student Signature: _____  Date: ____/____/____ Note: If student is under 18 years, signature of parent or guardian is required. Parent/Guardian Signature: _____  Date: ____/____/____

8. PAYMENT			
Card type	Mastercard/Visa		
Amount:			
Card no:			
Expiry date:		CVV number:	
Cardholders name:			
Signed:		Date:	

## TERMS & CONDITIONS

### Cancellation and Refund Policy

The course may be cancelled by APSIC due to insufficient enrolments or other unforeseen circumstances. In the event that a course is cancelled by APSIC, a full refund of course fees will be provided to the participant.

If a participant wishes to cancel their enrolment, the participant:

- Must provide written notice 7 business days prior to the course commencement date. A 90 % refund is available where the notice is received within this time frame. Cancellation will also incur a \$100 administration fee.
- No refund is available where cancellation is made outside of 7 business days of course delivery date.
- And enrolment may be transferred to another participant.
- In all other circumstances, a refund is at the discretion of APSIC management.