

## ENROLMENT FORM (PSD)

<b>1. PERSONAL DETAILS</b>			
Surname:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
Given Names:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>2. CONTACT DETAILS</b>		
Address:		
Suburb/Town:	State:	Post Code:
Home Phone:	Mobile:	
Email:		

<b>3. COUNTRY OF BIRTH &amp; CITIZENSHIP</b>	
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>4. PROFICIENCY IN ENGLISH</b>			
How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Do you need help with English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

<b>5. ABORIGINALITY</b>	
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal & Torres Strait Islander origin, mark both 'Yes' boxes)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

<b>6. DISABILITY</b>	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES, then please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area)	
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Other
<input type="checkbox"/> Learning	<input type="checkbox"/> Vision <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition
If YES, do you require assistance because of the disability? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify: _____	

<b>7. EMPLOYMENT STATUS</b>	
Which of the categories BEST describes your current employment status?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Employed – unpaid family worker <input type="checkbox"/> Self Employed – not employing others
<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Not employed – not seeking work
<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part time work
Number of hours employed per week: _____	Date commenced with current employer: _____
Employer Name: _____	

<b>8. SCHOOLING</b>	
What is your highest COMPLETED school level? (Tick <b>ONE</b> box only)	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In what year did you complete that school level (e.g 2007): _____    Are you still attending secondary school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Since leaving school have you successfully COMPLETED any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate III
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

<b>9. STUDY REASON</b>	
Of the following categories, which BEST describes your main reason for undertaking this course / traineeship? (Tick <b>ONE</b> box only)	
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> Other reasons
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development

**10. COURSE DETAILS**

Course Name: .....

**11. RECOGNITION (CREDIT TRANSFER/RPL/RCC/)**

If you have an appropriate certificate or statement of attainment (SOA) relating to the above qualification or specific units within the qualification you may apply for credit transfer. If you have life experience, knowledge, past training and/or testimonials in any of the units you may wish to apply for Recognition of Prior Learning (RPL) or Recognition of Current Competencies (RCC).

Do you have an appropriate certificate or SOA as evidence of credit transfer?     No     Yes (If 'YES' please attach certificate or SOA)

Do you wish to apply for RPL or RCC? (Please refer to the Student Handbook)     No     Yes  
 (If 'YES' Access Group Training will provide you with further information and an RPL application to complete)

**12. PAYMENT DETAILS AND REFUND POLICY**

Are you undertaking this course through a traineeship:     Yes – Go to section 13     No – Complete below payment details

Total Amount Payable:    \$.....

Payment method:     Cash     Cheque     EFT     Purchase Order     Credit Note     Training Voucher  
 Credit Card (VISA & Mastercard only) please complete details below or go to our website [www.agt.edu.au](http://www.agt.edu.au) to make payment online

Cheque Details:    Drawer: .....    Cheque No: .....    Date: .....

Purchase Order:    Please invoice: ..... (Company name)  
 Purchase Order No: .....

Credit Card:    I authorise AGT to charge my below Credit Card, the fee of \$.....

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Expiry Date:    \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_

CVV No: \_\_\_\_ \_\_\_\_ \_\_\_\_  
 (3 digit number on back of Visa/MC)

Card Holder Name:.....

Card Holder Signature:.....

Please choose your course carefully and read the full Fees and Refund Policy in the Student & Employer Handbook.

**Short Courses and e-learning refunds will be provided if:**

- 1.1 Client withdraws in writing from any course five (5) working days prior to the commencement which means the entry to first unit of an online delivery, and shall be eligible for a full refund or for a credit note that could be applied against a future course on acceptance of a new registration by AGT. Cancellation will be effective only on the receipt of the application by AGT within the stipulated time frame.
- 1.2 If the learner enrolls within five (5) working days prior to the course commencement or thereafter, AGT shall not process refunds.
- 1.3 A full refund or the proportion of the advance payment shall be made if AGT cancel or are unable to deliver any course or unit.
- 3.1 AGT will decide the method of refund if a purchase was made by credit card, as the refund shall be made either to the credit card directly or by EFT to the payer's nominated bank account. All other payments shall be via EFT to the clients / payer's nominated bank account.
- 3.2 To obtain a refund, the Client is required to complete a refund application form available on the AGT website. The completed form should be emailed to [admin@agt.edu.au](mailto:admin@agt.edu.au) or faxed to the attention of the Finance Officer on 02 6884 4478 or post to Access Group Training, PO Box 1873, Dubbo, NSW 2830.
- 3.3 The Client seeking the refund may be asked to verify their identity using enrolment data previously provided to AGT. Refund applications shall be processed within fourteen (14) days from the receipt of the application.
- 3.4 If a refund application is refused fully or partially, and if the applicant is not satisfied with the outcome; the request can be escalated in accordance with the Complaints and Grievance Procedures specified in the Student & Employer Handbook.

**13. STUDENT DECLARATION**

Prior to enrolment I was informed about training, assessment and support services and about my rights and obligations. I have been provided with a Student Handbook and advised further information is available through Access Group Training's website [www.agt.edu.au](http://www.agt.edu.au)

I understand the information requested in this form (including personal details and identification) will be used by the Department of Education & Training for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. In supplying the requested information and signing below, I consent to the use of the information for these purposes.

Participant Signature: .....

Participant Name (Printed): .....

Date: .....