

Application Date		Sex (M/F)	
Last Name:		First Name::	
Country of birth:		Date of Birth:	
Street Address:		Suburb:	
State:		Post Code:	
Phone:		Email:	

Are you an Australian Permanent Resident or citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the main language you speak at home?		
What is your current employment status?		
What is your highest level of school?	<input type="checkbox"/> Below year 10	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12 <input type="checkbox"/> TAFE <input type="checkbox"/> University
What is your highest level of qualification?	<input type="checkbox"/> Year 10 or 12 <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> University Degree	

Course Details

Course title	Certificate III in Aged Care	Start Date	
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Learning and Assessment Resources - you can be supplied email copies, printed copies or both.

Emailed copies – Learning Resources are Adobe documents and Assessment Books are Microsoft Word documents

Emailed copies	<input type="checkbox"/>	Hard Copy Printed & Mailed	<input type="checkbox"/>
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Additional Information

I can read, write and understand English?	<input type="checkbox"/> Not Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Do you have access to a computer with internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How do you rate your computer skills?	<input type="checkbox"/> Poor	<input type="checkbox"/> Basic	<input type="checkbox"/> Good <input type="checkbox"/> Very Good
Do you suffer any disabilities (if yes please explain?)			

Student Declaration:

I declared all the information contained in this enrolment form is true and accurate. I declare the person completing this form is me and I do not act for another person. I understand that my personal details and progress through the course may be supplied to the Department of Education and Training.

Student Name		Date	
Signature:			

Credit Application Form – Certificate III in Aged Care



Section (1)

Course delivery (tick the box for type of course you wish to apply for):

Distance learning

Section (2)

My method of paying for this course is:

Electronic funds transfer (EFT)

Credit Card

Bank cheque

Direct Debit (please complete additional forms.)

Section (3)

My preferred payment option is:

Full payment of fees in advanced

2 payments of \$750 + \$750

3 payments of \$500 + \$500 + \$500

12 monthly payments of \$180 each

Section (4)

Credit Card Authorisation:

I (full name as shown on credit card) _____ authorise (The) Daniels Associates of Australasia Pty Ltd to debit (total course fee) \$_____ from the following credit card for the purposes of enrolling in training. Please debit my credit card according to the preferred payment option I have ticked above. My credit card details are.

If the credit card name is different to the person enrolling in the course please state the relationship of the credit card holder to the person enrolling in the course.

Relationship details: _____

Card Type (tick one): Visa card Master card

Card /Number:				
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Expiry:		
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Card holder name:	
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Signature:	
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DIRECT DEBIT REQUEST



I, (Name)	
Of (Address)	

Authorise (The) Daniels Associates of Australasia P/L with User ID APCA Number 410564 to arrange for funds to be debited from my/our account, and at the financial institution identified and described below.

Financial Institution:	
Address:	
City:	

Details of account to be debited:

Account held in the name of:	
BSB:	
Account Number:	

Payment is for Vocational Training Course Fees identified by reference "(The) Daniels Associates of Australasia P/L"

Direct Debit Request Authorisation

I/We have read your Service Agreement and acknowledge and agree to the terms and conditions in that Agreement.

I request that you debit my/our account in accordance with the Service Agreement, and subject to one or more of the Conditions below:

First Payment Amount: \$ (to be debited immediately)	\$	
Subsequent Payment/s Amount:	\$	
Frequency of Debit: (tick box)	<input type="checkbox"/>	Monthly

First Payment Date:	/ /		
Final Payment Date:	/ /	Total number of payments	
All signatories may be required for joint accounts	Customers Signature: _____		
	Date: _____		
	Customers Signature: _____		

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise (The) Daniels Associates of Australasia P/L to debit your nominated account in the name in the manner specified in the Direct Debit Request.
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangement in place between us.
3. You will need to give us at least 10 working days notice in writing if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to stop a payment being processed (a Debit Item) or cancel a Direct Debit Request. Such notice should be delivered to us at least 10 working days before the due date for payment or as otherwise stipulated in our Terms and Conditions. All requests for stops or cancellations must be referred to us in the first instance.
5. If you wish to dispute any Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial Institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the Direct Debit Request.
9. We will initiate the Debit Items on the due date stated in the Direct Debit Request or as otherwise agreed between us in writing. If the due date for payment falls on a day which is not a business day in Queensland, then a Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request. We may ask you to reimburse us for any charges we incur as a result of your Debit Item being returned unpaid.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to a alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.

Refund Policy:

Full refund for student cancellations within 10 working days of paying the enrolment fee

50% refund within 20 days of paying enrolment fee

No refund after 20 days.