

ENROLMENT FORM

Certificate IV in Training and Assessment (TAE40110)

ABN: 28 316 834 043

Worklinks is offering the new TAE40110 Certificate IV Training and Assessment online.

This course is designed for teachers training students in vocational subjects. Also available is the opportunity to upgrade your BSZ40198.

PLEASE NOTE: Registered Secondary Teachers receive recognition of prior learning (RPL) for 4 of the 10 units within the TAE. All courses are run subject to minimum numbers.

A separate enrolment form is required for each participant. Please ensure you complete all relevant sections and return all pages with enrolment.

- TAE40110 for registered secondary teachers ONLY - MUST BE REGISTERED TEACHER
- Upgrades from BSZ40198 (not equivalency) to TAE40110 (need to have been delivering VET for a minimum of two years)

COURSE OPTIONS	PLEASE TICK THE COURSE YOU WISH TO ENROL IN
ONLINE: TAE40110 CERTIFICATE IV TRAINING AND ASSESSMENT - \$495	<input type="checkbox"/>
ONLINE: BSZ UPGRADE TO TAE40110 - \$455	<input type="checkbox"/>

e: training@worklinks.com.au | w: www.worklinks.com.au | p: (07) 5498 9601 | f: (07) 5498 9376

Online Certificate IV in Training and Assessment: Enrolment Form - Version 2, July 2013

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A separate enrolment form is required for each participant. Please complete all fields.

Please invoice: Me The organisation listed below

FOR BILLING PURPOSES Please complete this section if you are not paying for this course personally	Organisation/School:	
	Contact Name:	
	Contact Phone:	
	Contact Email:	
	Mailing Address:	

PARTICIPANT DETAILS - PAGE 1

Surname:		Date Of Birth*:		
Given Names:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential Address:				
(Please indicate address for certification)	City:		Postcode:	
Home Phone:		Work Phone:		
Mobile Phone:		Email:		

* Information required for AVETMISS (National VET Statistics only)

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PARTICIPANT DETAILS - PAGE 2	
I am a:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Neither
Country of Birth*:	<input style="width: 100%;" type="text"/>
Language Spoken at Home*:	<input style="width: 100%;" type="text"/>
Proficiency in English:	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Indigenous Status* (select one):	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate (select all relevant fields):	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Intellectual
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other (Please State):	<input style="width: 100%;" type="text"/>
Highest School Level*:	<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
Year of Highest School Level*:	<input style="width: 100%;" type="text"/>
Currently Attending School:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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PARTICIPANT DETAILS - PAGE 3

Qualifications Completed* (please indicate below):

- Bachelor Degree or Higher Advanced Diploma or Associate Degree Diploma or Associate Dip
 Certificate IV Certificate III Certificate II Certificate I

Employment Status (please indicate below):

[Redacted]

Please select the main reason that you are undertaking this study:

[Redacted]

Are you computer literate and have a basic knowledge of computer software? Yes No

Do you require any literacy/numeracy assistance? Yes No

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For those upgrading from BSZ40198, Worklinks need to be in receipt of the certified copy of the BSZ40198 (not equivalent) prior to commencement of the course. Worklinks will be contacting RTO's to verify the authenticity of any certified copies of documents forwarded. By completing this enrolment you are providing permission for this to happen.

Question 1

Please provide details of accredited vocational training taught in the last 2 years (min). Applicants must be in a current teaching/training position to be considered for upgrade. Independent documentary **evidence** of VET training for the past 2 years minimum must be provided. This should be from your manager/principal on letterhead and original, and must outline what VET is being delivered and assessed, and must attest to the fact that it is being delivered and assessed to a high quality.

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Question 2

Please provide details of non-vet subjects taught within the last 2 years (min).

Question 3

Please list Professional development courses / meetings attended related to training and VET.

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Question 4

List Vocational Qualifications held.

YOU MUST PROVIDE:

Original Certified Copy of either the TAA40104 with a transcript of units or the BSZ40198 with a transcript of units.

- Certified teacher registration OR certified copy of teaching qualification.
- Certified relevant document/s if your name has changed in any way from previous qualifications.
- Certified copies must be signed by a JP or a Commissioner of Declaration (not school Principal).
- Original letter from Principal/CEO attesting to current VET training (min 2 years), outlining VET actually delivered and assessed by yourself.

Applications without this documentation will be returned to the applicant.

Please note that certified copies need to be posted to PO Box 98 Caboolture, QLD, 4510.

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PARTICIPANT DECLARATION

Applicant's certification: I hereby certify that the information provided and attached is true, correct and authentic and all original certified evidence required has been provided. (Please print this completed form, sign and date it, and post the original to the PO Box listed at the top of the page)

Signature: _____

Date:

Please Note: Worklinks will be contacting RTOs to verify the authenticity of any certified copies of documents forwarded. By completing this enrolment form you are providing permission for this to happen.

Please indicate where you heard about this course:

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Participant Acknowledgment - Part 1

I hereby acknowledge that I have been given a copy of the Worklinks Participant Information Handbook (available on the website).

In signing this statement, I also give Worklinks permission to show copies of any of my assessment work to the Australian Skills Quality Authority, if Worklinks is audited as a Registered Training Organisation.

I also understand that I can access the full Worklinks AQTF Policies and Procedures Manual, on request from the Worklinks office.

If on completion of this course/training program, I am deemed competent against any unit/s of competency, I acknowledge that competency has been determined **at that particular time** and that it is **my own responsibility** to maintain this level of competency on an ongoing basis eg through workplace experience, professional development activities, further training, etc.

Training course enrolled in:

Full Name of participant:

Signature: _____

Date:

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Participant Acknowledgment - Part 2

I hereby acknowledge that:

- a) All course work that I submit towards this qualification must be my own
- b) I understand that I have 12 months from the date that I receive my unique username and password for online study, to submit all necessary assessment items
- c) I understand that participation in this course requires access to the following IT resources, and acknowledge my capacity to gain adequate access to these resources:
 - A personal computer using **either**:
 - Internet Explorer 8 or 9;
 - Firefox 3.X or later; or
 - Safari 4 or later
 - Adobe Reader 9 or later (this can be downloaded for free from <http://get.adobe.com/reader/>)
 - Flash Player 9 or later for Windows and Mac (this can be downloaded for free from <http://get.adobe.com/flashplayer/>)

Full name of participant:

Signature: _____

Date:

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When you have completed this enrolment form, please submit it along with relevant certified copies of qualifications to Worklinks via:

- Scan and Email - training@worklinks.com.au
- Or
- Post - Worklinks Inc, PO Box 98, Caboolture QLD 4510