



CERTIFICATE 3 GUARANTEE ENROLMENT FORM

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The Information contained in this form is used for enrolment purposes and to assist in the research and evaluation of activities undertaken by College of Australian Training. This information may be made available to State and Government agencies and research organisations.

1. COURSE DETAILS

In what Course/Program are you enrolling?

- Certificate III in Hospitality SIT30712
 Certificate II in Hospitality SIT20212

Start Date: Monday ____/____/2013

Delivery mode (Please tick)

- Full Time (Day) Online Evening (Blended)

Eligibility Identification must be provided (please provide 1 of)

- Drivers License Birth Certificate/Passport
 18+Card

And a copy of:

Medicare Card No. _____

Healthcare Card No. _____
(if applicable. Refer to Question 15)

Official Centrelink Letter Letter Ref no. _____
(if applicable. Refer to Question 15)

Please tick the training location:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cairns | <input type="checkbox"/> Caloundra |
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Cannonvale |
| <input type="checkbox"/> Innisfail | <input type="checkbox"/> Rockhampton |
| <input type="checkbox"/> Goodna | <input type="checkbox"/> Mareeba |
| <input type="checkbox"/> Mossman | <input type="checkbox"/> Townsville |
| <input type="checkbox"/> Maroochydore | <input type="checkbox"/> Mackay |
| <input type="checkbox"/> Atherton | <input type="checkbox"/> Online |

2. PERSONAL DETAILS (please use block letters)

Gender Female Male

Date of Birth _____

Title Mr Mrs Miss Ms Dr

Other (Please specify) _____

Given Name/s _____

Surname _____

(This will be the name that will appear on your certificate)

3. STUDENT CONTACT DETAILS

No. & Street _____

Town/Suburb _____

State _____ .Postcode _____

Telephone (H) _____

Telephone (W) _____

Mobile _____

Email _____

Students who don't currently have an email address will be required to create an email for the duration of the course. (Your trainer will assist with facilitating this.)

4. NEXT OF KIN/PARENT GUARDIAN DETAILS

Name _____

Address _____

State _____ Postcode _____

Telephone _____

5. DISABILITY, IMPAIRMENT or LONG TERM MEDICAL CONDITION

Do you consider yourself to have a disability, impairment or long-term medical condition?

- Yes No

If 'yes' please indicate the area(s) of impairment

- Acquired Brain Impairment Hearing/Deaf
 Intellectual Learning Mental Illness
 Vision Physical Medical Condition
 Other

Would you like to receive advice on support services, equipment or facilities that may assist you?

- Yes No

Do you have a medical condition that may require first aid of which your Trainer/Educator should be made aware?

- Yes No

6. EMPLOYMENT STATUS

- Full Time Employed
- Part Time Employed
- Self Employed – not employing others
- Employer
- Employed unpaid (family) worker
- Unemployed seeking Full Time work
- Unemployed seeking Part Time work
- Unemployed not seeking work

7. INDIGENOUS STATUS

Are you of Aboriginal and/or Torres Strait Islander origin? *For a person of both Aboriginal and Torres Strait Islander origin mark both YES boxes.*

- No
- Yes - Aboriginal
- Yes – Torres Strait Islander

Would you like to receive advice on support services, which may assist you? Yes No

8. PRIOR EDUCATION

Have you successfully completed any of the following qualifications? *(Please tick applicable boxes)*

- Bachelor or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate)
- Certificate III (or Trade Certificate)
- Certificate II

Name of certificate/qualification: _____

Year: _____

9. LANGUAGE/CULTURAL DIVERSITY

Country of Birth

In which country were you born?

- Australia
- Other *(please specify)* _____

If 'other', how well do you speak English?

- Very Well
- Well
- Not Well
- Not at all

Language at home

Do you speak a language other than English at home?

- No, English only
- Yes, other *(please specify)* _____

Are you a permanent resident of Queensland, Australia?

- Yes
- No

10. SUITABILITY ANALYSIS

Which of the qualifications below do you believe will assist you to gain employment in your location?

- Certificate III in Hospitality SIT30712
- Certificate II in Hospitality SIT20212

If you are applying for a Certificate II level qualification why do you believe this is the most suitable qualification for you?

Communication Speaking and Listening

- Sometimes I need assistance or I don't understand what is being said
- Usually I have no problems speaking or listening
- I can speak and understand very well

Reading

- Sometimes I don't read very well or need assistance in reading
- Usually I have no problems in reading
- I can read very well

Writing

- Sometimes I don't know how to write or need assistance to write
- Usually I have no problems writing
- I can write very well

Maths

- Sometimes I don't understand maths or need assistance to complete maths
- Usually I have no problems with maths
- I understand maths very well

11. SCHOOLING

Do you have a Learning Unique Identifier (LUI)?

- Yes *(Number)* _____
- No

Are you still attending school? Yes No

What is your highest COMPLETED school level?

- Did not go to school
- Year 8 or lower
- Year 9 or equivalent
- Year 10
- Year 11
- Year 12

In which year did you complete that school level? _____

12. CERTIFICATE 3 GUARANTEE STUDENT CONTRIBUTION FEE

Student Contributions	Non-Concessional Students	Concessional Students
SIT30712 Certificate III in Hospitality	\$ 20 Per Unit \$300 Total	\$10 Per Unit \$150 Total
SIT20212 Certificate II in Hospitality	\$20 Per Unit \$220 Total	\$10 Per Unit \$110 Total

Student Contribution Fees represent the total non-government subsidised portion of essential training costs for the participant to undertake the qualification. These fees include tuition, services, materials and all other costs associated with delivering the training and the awarding of the qualification to the participant.

13. TRAINING PARTICIPANT ELIGIBILITY

- I do not hold nor am I undertaking a certificate level III or higher qualification from 1 July 2013 that was completed outside of high school.
- I am 15 years of age or older.
- I have finished secondary school and I am no longer at school.
- I am an Australian or New Zealand citizen permanently residing in Queensland.

14. CERTIFICATE 3 GUARANTEE STUDENT CONTRIBUTION REFUND POLICY

Certificate 3 Guarantee Student Contribution refunds must be requested in writing 7 days prior to withdrawal. Withdrawal request must be made on the *Withdrawal Request Form*. This must be signed by the student and where applicable, referring 3rd Party.

Units will be refunded on a unit-by-unit basis for all non-commenced units. Refunds will be processed via Electronic Funds Transfer (EFT) 7 days after the request has been received.

If an offer of a place is withdrawn, or College Australian Training is unable to provide the program, the learner is eligible for a full or pro rata refund of tuition fees paid within 7 days.

15. CONCESSION ELIGIBILITY

Certificate 3 Guarantee Concessional Participant Requirements: *(Please Tick)*

- I hold a health care concession card or pensioner concession card (refer to question 1)
- I hold an official form under Commonwealth law confirming that I am entitled to concessions under a health care concession card or pensioner concession card.
- I am an Aboriginal or Torres Strait Islander person

I understand that I am only entitled to concessional student concessional rates when a Commonwealth Government agency or Employment Service Provider is not funding my student contribution.

(Please sign)

16. CERTIFICATE 3 GUARANTEE

Certificate 3 Guarantee Single Access

I _____ (Participant Name) understand that I will no longer be eligible for a subsidised training place under the Certificate 3 Guarantee once I have completed a certificate level III qualification and it is a requirement of the Program that I fill out and return a Training and Employment Survey within three months of completing my Qualification.

I also understand that if I need to undertake a Certificate level II foundations skills course, that the completion of the foundations skills course will not extinguish my entitlement to a Certificate III Vocational qualification under the Program.

17. PAYMENT OPTIONS

Are you a student requiring a payment plan?

Yes No

Self-Referring Students Only:

Student contributions must be paid in full in advance on a unit per unit basis, invoiced in fortnightly amounts. Students will be invoiced on a 7-day invoice. The initial invoice will be issued in the week prior to commencement, and must be paid prior to the first day of attendance. Invoices will be based upon 2 weeks of units. For Certificate II enrolments, the second and final invoice will be raised at the end of week one and is payable before the commencement of week 3.

For Certificate III enrolments, the second invoice will be raised at the end of week one, three and five. All invoices are payable within 7 days, and prior to commencing the next block of units (fortnightly basis).

Non-payment may result in the inability to attend training until payment is received. Payment must be made prior to commencement of any course.

Preferred Method of Payment (Individuals):

- * BPay
- * Credit Card (Phone or emailed template)
- * PostBill Pay

ESP Referrals Only:

ESPs will be invoiced in advance for the entire course. All accounts are 30 days net of invoice. Any late payments may incur a late fee. A purchase order must be provided for each enrolment. The invoice will be issued on the day of commencement of the course based upon the attendance of the participant.

Payment Options for Employment Service Providers / Employers:

You have an option to pay directly (DD) into our bank account (Banking details can be obtained from our Accounts department)

- * BPay
- * Credit Card (Phone or emailed template)
- * PostBill Pay

18. MARKETING SOURCE

Where did you obtain information regarding the college?

- Google Search Engine Radio
 Television Government Website
 Newspaper Friend Employment Agency Other _____

19. CERTIFICATE ISSUE/ RE-ISSUE

Certificate 3 Guarantee - Certificate Issue/Re-Issue Policy:

Certificates and Statements of Attainment (SOA) will be issued within 21 Days of completion of your course unit(s) of competency to your nominated email address. If you have not received your certificate or SOA within this time frame please contact our Client Services Centre on 1300735040. **Please ensure that if your email address changes to notify the College immediately as failure to update your email or not requesting a re-issue within 12 weeks of completion may incur a re-issue/administrative fee of \$20.** For all participants that have been referred and funded through a 3rd party, a copy of your certificate(s) will be emailed to your funding organisation also unless you request otherwise. Please refer to the Declaration - section 21 of this Enrolment Form. Please refer to our website www.cat.edu.au for more information regarding this policy

20. ESP/ EMPLOYER/THIRD PARTY REFERRALS

Referring ESP/Employer Name: _____

Referral's Location: _____

Referral's Contact Name: _____

Referral's Contact Number: _____

Email Address: _____

Has your client previously enrolled in a training course with a different RTO and completed any units of competency?

Yes No

If yes, please provide details (and attach a signed, witnessed copy of Certificate or SOA)

Why do you believe this participant is suitable for the qualification in which they are applying?

- Funded by ESP (Non-Concession Rate) Not Funded by ESP (Participant paying and where eligible at a concessional rate)

Purchase Order Number or Letter of Authority:

(COMPULSORY PRIOR TO COMMENCEMENT)

21. DECLARATION

• I agree that I will not hold College of Australian Training and/or its employees and/or agents liable for and will not make any claim against them for loss, damage, death or injury which I may suffer or cause as a result of or in connection with or during the period of my attendance at any premises owned, operated or controlled by College of Australian Training; and/or my attendance at any activity of which College of Australian Training has any knowledge (whether sporting, cultural, recreational or otherwise) organised by or on behalf of or with assistance of College of Australian Training or any activity; and/or in any way whatsoever my association with College of Australian Training.

• On behalf of myself, executives, administrators and assigns I hereby release College of Australian Training and/or its employees and/or its agents from loss, damage, death or injury and from any actions, claims and demands which, if I have not entered into this Agreement, I might otherwise have been entitled to take or make in respect of any such loss, damage, death or injury and I hereby indemnify College of Australian Training and/or its employees and/or its agents against any such liability. I agree that this Agreement shall be governed in all respects by and interpreted with the laws of the Commonwealth of Australia.

• I certify that I have read this form thoroughly and agree to the conditions stated herein. I certify that I have read the Conditions of Enrolment and the Student Handbook, which incorporates the Code of Practice, Client Services Policies and the Code of Conduct and agree to the conditions stated.

• I declare that the information supplied by me on this form is true and correct in every detail. I authorise College of Australian Training to obtain from other education institutions and relevant authorities details of my enrolment, academic record and examination results.

• If accepted by the College I agree to abide by the rules and regulations of College of Australian Training.

• I understand that enrolment is accepted under the condition that my tuition and other fees are paid on or before the due date.

All information provided by me is correct and complete, at date of enrolment.

The student agrees that College of Australian Training is able to provide information to their representative agent or parent/guardian in relation to attendance, academic performance, fees payment, welfare, and other associated student issues.

• If I am a student whose training has been funded by a 3rd party I give permission for CAT to email a copy of my certificate(s) to my referring 3rd party.

Applicants Signature _____ Date _____

Print Name _____

Parent/Guardian (if applicable) _____

Signature _____ Date _____