

"LAST CHANCE SALE"

Cert III Early Childhood Education & Care Student Enrolment Form

Application Date: Male Female Countr	y of Birth: Date of Birth:			
First Name/s: Last Na	ame:			
Address:				
Suburb: St	ate: Postcode:			
Postal Address:				
Suburb: St	ate: Postcode:			
Email: Secondary	Primary Phone:			
Are you Aboriginal and/or Torres Strait Islander? Aboriginal Torres Strait Islander No				
Main Language Spoken at Home: If not English, how well do you speak English? Very Well Not Well Not Well Not at All				
Course Details: Course Name: Certificate III in Early Childhood Education and Care - Distance Learning				
Course Duration: Twelve [12] months Delivery Mode: Distance Learning Course Start Date:				
I would like to apply for Recognition of Prior Learning (RPL)				
Are you currently working in a child care centre? Yes No Do you want to Add On the Diploma Course Package? Yes No				
Additional Info: (please answer all questions)				
Employment Status: Full-Time Part-Time Employer Seeking Full-Time Work Seeking Part-Time Work Seeking Full-Time Work Unpaid Worker in Family Business Unemployed: Not Seeking Work				
Are you still attending Secondary School? Yes No What is your highest Completed School Level? e.g. Yr 10				
In which year did you complete that level? e.g. 2001				
Have you successfully completed any of the following qualifications? (please select all that apply)				
Certificate I Certificate III (or Trade Cert) Certificate IV (or Advanced Cert)				
Diploma Advanced Diploma or Associate Degree Bachelor Degree or Higher Other				
Do you have access to a computer with internet? Yes No				
I understand that I will receive my results and student correspondence online				
How do you rate your computer skills? Poor Basic Good Excellent				
How do you rate your ability to work with numbers? Poor Basic Good Excellent Do you live with any physical/mental disability that may affect your participation in the course?				
No Disability Hearing Physical Intellectual Learning Mental Illness Brain Impairment Vision Medical Condition				
Other (specify) Do you need any additional support				
Applicant Declaration: I have reviewed policies and procedures associated with my enrolment in the student handbook here >>> http://www.inspireeducation.net.au/documents/Student_Handbook.pdf and understand these terms of my enrolment with Inspire Education. I would like to apply for enrolment in the above vocational training course with Inspire Education Pty Ltd (RTO # 32067). For this distance-learning course enrolment, provided I give written notice within thirty (30) days from the date of this application, and provided I return all materials unmarked and unused (where applicable) within seven (7) days of such notice, I will be entitled to a refund of the total course fees less 25% of the full course fee to cover administration costs. I understand that I am able to request to transfer my enrolment to a different course offered by Inspire within three (3) months of this application date. I understand that I will incur a \$250 transfer fee PLUS must pay the difference between my original course fee paid and the full fee (not promotional pricing) of the new course I am transferring to (where applicable). No refund is given if the full price of the course I am transferring to is less than my original fee paid. I understand enrolments cannot be transferred to another person. I understand that if I fail to give the required written notice and do not wish to transfer to another course with Inspire I am liable for the full course fee. I have read and understand Inspire				
Education's Privacy Policy, which can be viewed here >>> http://www.insp Full Name:				
i un valle.	Office Use Only: Student No: Enrolment No: Entered Client Enrolment Form Uploaded			
Date:	Created Invoice Welcome Pack Sent://			
Signed:	Payment Receipted VP Checklist			

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Course Advisor:

	Student Name:			
Of the following categories, which BEST	describes your main reason for ur	ndertaking this course?		
To get a job	To try for a different career	I wanted extra skills for my jo	b Other	
To develop my existing business	To get a better job or promotion	To get into another course of	study	
To start my own business	It was a requirement of my job	For personal interest or self-c	evelopment	
Payment Details:				
Preferred Payment Method (please TICK ONE):				
Credit/Debit Card				
Direct Debit >> MUST Complete This Form >> http://www.inspireeducation.net.au/documents/direct-debit-request-form.pdf				
Electronic Funds Transfer (EFT) >>	Account Name: Inspire Educat	tion Pty Ltd		
Bank or Personal Cheque	Bank: Bank of Queensland			
BSB: 124-001 Account No: 208 441 10				
	Reference: Your Full Name (this is a MUST so we can identify your particular payment)			
FLEXIBLE Payment Plans (plea	se TICK ONE):			
Option 1: Just one upfront payment of \$1490! 'LAST CHANCE SALE' - Only \$1290! Hurry! Ends 20th December				
Option 2: Three Monthly Payments of \$650 (Total \$1950)				
(CREDIT CARD OR DIRECT DEBIT ONLY) Please nominate date for second payment / 2014				
Certificate III + Diploma Children's Services PACKAGE PRICE ONLY \$2900! 'LAST CHANCE SALE - Only \$2700! Hurry! Ends 20th December!				
Terms and Conditions: ^ Sale price is valid from Dece savings are when the special upfront price is compar December 20th 2013 to be eligible for sale price. Star 2013 to guarantee pricing unless otherwise arranged	ed to the longest payment plan that Inspire ndard Pricing valid until 31st December 201	e Education offers on this course. Full upf	ont payment must be received by	
Credit Card Authorisation:				
I,	authorise Inspire Ed	ducation to debit \$	upfront; and	
\$ months (if payment plan selected above) from the following credit card for the purpose of				
months (if payment plan selected above) from the following credit card for the purpose of enrolling into training. For both upfront payments and payment plan amounts, please debit my card as per the selected payment				
option above according to the following details:				
Card Type (please TICK ONE): Visa Mastercard				
Card Number:	Expiry:	/		
Card Holders Name:				
Signature:				
Invoice Details (for companies ONLY):				
Contact Name:				
Business Name:		ABN:		
Address:				
Suburb:	State:	Postcode:		
Contact Email:				
Business Phone:	Fax:			
Once this form is completed, p	lease return to Inspire Ed	ucation:	-	

Email: enrolments@inspireeducation.net.au; Fax: 1800 008 128;

Post: GPO Box 1180, Brisbane, QLD 4001