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## CERTIFICATE 3 GUARANTEE ENROLMENT FORM

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.

<b>PERSONAL DETAILS (please use block letters)</b> (This will be the name that will appear on your certificate)				(ADMIN ONLY) TO	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Given Name/s				Surname	
Date of Birth				Town/Suburb	
No. & Street				Telephone (H)	
State		Postcode		Telephone (W)	
Mobile				Email address	
<b>NEXT OF KIN/PARENT GUARDIAN DETAILS</b>					
Name		<b>EMPLOYMENT STATUS</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed unpaid (family) worker		<input type="checkbox"/> Unemployed seeking Full Time work <input type="checkbox"/> Unemployed seeking Part Time work <input type="checkbox"/> Unemployed not seeking work	
Address					
State		Postcode			
<b>TRAINING PARTICIPANT ELIGIBILITY</b>					
<input type="checkbox"/> 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.			<input type="checkbox"/> I have finished secondary school and I am no longer at school. YEAR FINISHED _____		
<b>Evidence MUST BE provided of the following to take advantage of Government funding.</b> Option 1, 2 or 3 evidence must be attached to this enrolment					
<b>OPTION 1</b>		<b>OPTION 2</b>		<b>OPTION 3</b>	
<input type="checkbox"/> AUS / NZ PASSPORT <b>and</b> <input type="checkbox"/> Queensland Drivers License <b>or</b> <input type="checkbox"/> Healthcare card or Bill showing Qld residency (Bill no less than 3 months old)		<input type="checkbox"/> AUS / NZ Birth certificate (citizenship and proof of age) <b>and</b> <input type="checkbox"/> Queensland Drivers License <b>or</b> <input type="checkbox"/> Healthcare card or Bill showing Qld residency (Bill no less than 3 months old)		<input type="checkbox"/> Statutory declaration signed by JP noting date of birth, Australian or New Zealand citizenship and Qld residency	
<b>CERTIFICATE 3 GUARANTEE STUDENT CONTRIBUTION FEE</b>					
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.					
Student Contributions		Non-Concessional Students		Concessional Students	
SIT30712 Certificate III in Hospitality		\$ 20 Per Unit \$300 Total		\$1 Per Unit \$15 Total	
<b>CONCESSION ELIGIBILITY</b>					
Certificate 3 Guarantee Concessional Participant Requirements: <i>(Please Tick and Provide a Copy)</i>		<input type="checkbox"/> I hold a health care concession card or pensioner concession card No. _____		<input type="checkbox"/> 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. Letter Ref No. _____	
<input type="checkbox"/> 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) _____					
<b>COURSE DETAILS</b>		<input type="checkbox"/> <b>Certificate III in Hospitality SIT30712</b>			
Start Date:		Monday ____ / ____ / 2014			
Delivery mode (Please tick)		<input type="checkbox"/> Full Time (Day)		<input type="checkbox"/> Online	
				<input type="checkbox"/> Evening (Blended)	

Please NOTE the training location: TOWN / CITY		<b>IDEAL PLACEMENTS</b> <input type="checkbox"/> Certificate II Hospitality SIT20212 under exceptional circumstances only and by approval of CAT management under the compliance requirements of the contract. <input type="checkbox"/> Airlie <input type="checkbox"/> Bowen <input type="checkbox"/> Mackay	
<b>Communication Speaking and Listening</b> <input type="checkbox"/> Sometimes I need assistance or I don't understand what is being said <input type="checkbox"/> Usually I have no problems speaking or listening <input type="checkbox"/> I can speak and understand very well		<b>Reading</b> <input type="checkbox"/> Sometimes I don't read very well or need assistance in reading <input type="checkbox"/> Usually I have no problems in reading <input type="checkbox"/> I can read very well	
<b>Writing</b> <input type="checkbox"/> Sometimes I don't know how to write or need assistance to write <input type="checkbox"/> Usually I have no problems writing <input type="checkbox"/> I can write very well		<b>Maths</b> <input type="checkbox"/> Sometimes I don't understand maths or need assistance to complete maths <input type="checkbox"/> Usually I have no problems with maths <input type="checkbox"/> I understand maths very well	
<b>What is your highest COMPLETED school level?</b> <input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 12 In which year did you complete that school level?		<b>PRIOR EDUCATION</b> Have you <u>successfully completed</u> any of the following qualifications? ( <i>Please tick applicable boxes</i> ) <input type="checkbox"/> NO <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II Year:	
<b>Do you have a Learning Unique Identifier (LUI)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>Number</b> ):		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you still attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>LANGUAGE/CULTURAL DIVERSITY</b>			
<b>INDIGENOUS STATUS</b> Are you of Aboriginal and/or Torres Strait Islander origin? <i>For a person of both Aboriginal and Torres Strait Islander origin mark both YES boxes.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander		<b>Country of Birth</b> In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other ( <i>please specify</i> )	
		Are you a permanent resident of Queensland, Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other ( <i>please specify</i> )
Would you like to receive advice on support services, which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'other', 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	
<b>DISABILITY, IMPAIRMENT or LONG TERM MEDICAL CONDITION</b> Do you consider yourself to have a disability, impairment or long-term medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If 'yes' please indicate the area(s) of impairment</i> <input type="checkbox"/> Other		<b>REASON FOR STUDY</b> <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"/> 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 or study <input type="checkbox"/> Other reasons <input type="checkbox"/> For personal interest or self development	
<input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness		
<b>CERTIFICATE 3 GUARANTEE STUDENT CONTRIBUTION REFUND POLICY</b>			
Certificate 3 Guarantee Student Contribution refunds must be requested in writing 7 days prior to withdrawal. Withdrawal request must be made on the <i>Withdrawal Request Form</i> . This must be signed by the student and where applicable, referring 3 <sup>rd</sup> 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.			
<b>CERTIFICATE 3 GUARANTEE</b>			
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.			

**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 all enrolments, the second and final invoice will be raised at the end of week one and is payable before the commencement of week 3.

**Preferred Method of Payment (Individuals):**

- **Credit Card (Phone or emailed authorisation)**
- **Bank Deposit (contact CAT for details)**

Certificate III: Invoice 1 \$9.00 Invoice 2 \$6.00	Non-payment may result in the inability to attend training until payment is received. Payment must be made prior to commencement of any course.
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**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)**

- **Credit Card (Phone or emailed authorisation)**
- **Bank Deposit (contact CAT for details)**

**ESP/ EMPLOYER/THIRD PARTY REFERRALS –**

**ALL REFERRED CLIENTS MUST HAVE A JSA REFERRAL FORM COMPLETED OR THE ENROLMENT WILL NOT BE ACCEPTED**

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)**

**MARKETING SOURCE** Where did you obtain information regarding the college?  
 Google  
 Search Engine  
 Radio  
 Television  
 Government Website  
 Newspaper  
 Friend  
 Employment Agency  
 Other \_\_\_\_\_

**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 3<sup>rd</sup> 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](http://www.cat.edu.au) for more information regarding this policy.

**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 Learner Handbook, which incorporates the Code of Practice, Client Services Policies and the Code of Conduct and agree to the conditions stated.

I hereby give my permission for the college to use my photo and image in evidence of assessments completed by me as well as in marketing and promotional material  
 Yes  No

• 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 3<sup>rd</sup> party I give permission for CAT to email a copy of my certificate(s) to my referring 3<sup>rd</sup> party.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Parent/Guardian (if applicable) Signature \_\_\_\_\_ Date \_\_\_\_\_