

e - info@cat.edu.au

p • 1300 735 040

f • 1300 310 329

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.

ALL SECTIONS OF THE FORM MUST BE COMPLETED TO PROCESS THE APPLICATION

PERSONAL DETAILS (please use block letters) (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		
NEXT OF KIN/PARENT GUARDIAN DETAILS					
Name		EMPLOYMENT STATUS of participant <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed – not employing others		<input type="checkbox"/> Unemployed seeking Full Time work <input type="checkbox"/> Unemployed seeking Part Time work <input type="checkbox"/> Unemployed not seeking work <input type="checkbox"/> Employer <input type="checkbox"/> Employed unpaid (family) worker	
Address					
State Postcode					
Phone					
TRAINING PARTICIPANT ELIGIBILITY					
<input type="checkbox"/> I do not hold nor am I undertaking a certificate level III or higher qualification from 1 July 2014 not hold, and not be enrolled in, a certificate III or higher level qualification, not including qualifications completed at school and foundation skills training. <input type="checkbox"/> for Diploma level qualifications - not hold, and not be enrolled in, a certificate IV or higher-level qualification, not including qualifications completed at school and foundation skills training.				<input type="checkbox"/> I have finished secondary school and I am no longer at school.	
				WHAT YEAR DID YOU FINISH?	
Evidence MUST BE provided of the following to take advantage of Government funding. CHOOSE FROM ONE OF THE Option 1, 2 or 3 evidence MUST be attached to this enrolment form					
OPTION 1 <input type="checkbox"/> AUS / NZ PASSPORT and <input type="checkbox"/> Queensland Drivers License or <input type="checkbox"/> Healthcare card or Bill showing Qld residency (Bill no less than 3 months old)		OPTION 2 <input type="checkbox"/> AUS / NZ Birth certificate (citizenship and proof of age) and <input type="checkbox"/> Queensland Drivers License or <input type="checkbox"/> Healthcare card or Bill showing Qld residency (Bill no less than 3 months old)		OPTION 3 <input type="checkbox"/> Statutory declaration signed by JP noting date of birth, Australian or New Zealand citizenship and Qld residency	
CERTIFICATE 3 GUARANTEE STUDENT CONTRIBUTION FEE					
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. Please tick your chosen course.					
Student Contributions		Non-Concessional Students		Concessional Student	
<input type="checkbox"/> SIT30713 Certificate III in Hospitality		\$ 20 Per Unit \$300 Total		\$1 Per Unit \$15 Total	
<input type="checkbox"/> BSB30112 Certificate III in Business		\$ 25 Per Unit \$300 Total		\$1.25 Per Unit \$15 Total	
<input type="checkbox"/> BSB30211 Certificate III in Customer Contact		\$ 25 Per Unit \$300 Total		\$1.25 Per Unit \$15 Total	
<input type="checkbox"/> SIT30112 Certificate III in Tourism		\$ 20 Per Unit \$300 Total		\$1 Per Unit \$15 Total	
<input type="checkbox"/> SIR30212 Certificate III in Retail * Entry requirements apply		\$ 21.42 Per Unit \$300 Total		\$1.07 Per Unit \$15 Total	
<input type="checkbox"/> SIT50313 Diploma of Hospitality		\$ 35.35 Per Unit \$990 Total		\$10.71 Per Unit \$300 Total	
<input type="checkbox"/> SIB30110 Certificate III in Beauty Services * Entry Kit requirements apply		\$15.00 Per Unit \$300 Total + BYO kit		\$0.75 Per Unit \$15 Total + BYO kit	
CONCESSION ELIGIBILITY					
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. _____	

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) _____

Start Date: _____ / _____ / 2014	Delivery mode (Please tick) <input type="checkbox"/> Part time <input type="checkbox"/> Online
Please NOTE the training location: TOWN / CITY	IDEAL PLACEMENTS <input type="checkbox"/> Certificate II Hospitality SIT20213 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
Communication Speaking and Listening <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	Reading <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
Writing <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	Maths <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
What is your highest COMPLETED school level?	PRIOR EDUCATION – NB: this will be checked against AISS
<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	Have you successfully completed any of the following qualifications? (Please tick applicable boxes) <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:
Do you have a Learning Unique Identifier (LUI)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Number):	
Are you still attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes	

LANGUAGE/CULTURAL DIVERSITY

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. <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander	Country of Birth In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)
	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 (please specify)
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
DISABILITY, IMPAIRMENT or LONG TERM MEDICAL CONDITION Do you consider yourself to have a disability, impairment or long-term medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'yes' please indicate the area(s) of impairment <input type="checkbox"/> Other	REASON FOR STUDY <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

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.

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 (or higher for the Diploma Qualification) and it is a requirement of the Program that I fill out and return a Training and Employment Survey within three months of starting 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.

FEES AND CHARGES

Not Funded by ESP and Not Funded by ESP and Funded by ESP (Non-Concession Rate)

NOT CONCESSIONAL	CONCESSIONAL STUDENT	<input type="checkbox"/> Funded by ESP (Concession Rate)
(Participant paying and where eligible at a concessional rate)	(Evidence of concession is to be attached)	Purchase Order Number or Letter of Authority: _____ (COMPULSORY PRIOR TO COMMENCEMENT)

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)**

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)**

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.

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?

MARKETING SOURCE Where did you obtain information regarding the college?

Google Face Book
 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 Admissions 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 of this Enrolment Form. Please refer to our website 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, Refund Policy, 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 3rd party I give permission for CAT to email a copy of my certificate(s) and attendance information to my referring 3rd party.

* If enrolling into Beauty Course I am aware that entry requirements include my personal purchase of the Kit before the confirmation of enrolment.

Applicants Signature _____ Date _____ Print Name _____

Parent/Guardian (if applicable) Signature _____ Date _____