

Electronic Enrolment Form

Please select your course from the list below.

Course

Commencement date of course

Please note: Course dates are subject to change. Please refer to the Training Program on the college website www.austchs.com for a current list of course dates.

Please check box if you are enrolling under any funding programs

Name of Program

For **ALL Recertification** courses please indicate

Certification Number

Expiry Date

Participant Details - Please print clearly your full legal name

Given Names

Surname

Date of Birth

Sex:

Male

Female

Street Address

Suburb

State

Postcode

Email Address

Work Phone

Mobile

Home Phone

Please advise if you have any special needs eg wheelchair access, dietary requirements, literacy and numeracy, hearing and vision impaired or any other disability that may prevent you from successfully completing the course.

Schooling

What is your highest COMPLETED school level? (tick one box only)

Year 12 or equivalent

Year 9 or equivalent

Year 11 or equivalent

Year 8 or equivalent

Year 10 or equivalent

Never attended school

In which year did you complete that school level?

Are you still attending secondary school? *If yes please add your Learner Unique Identifier (LUI) Number*

No

Yes

Learner Unique Identifier Number (LUI)

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Employment

Of the following categories, which BEST describes your current employment status? (tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Self Employed - not employing others | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not Employed - not seeking employment |

Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest of self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

Language and Cultural Diversity

In which country were you born?

- Australia Other - Please specify

Are you an Australian Citizen or Permanent Resident? Yes No

Do you speak a language other than English at home?

- No - English only Yes Please specify

How well do you speak English?

- Very Well Well Not well Not at all

Are you of Aboriginal or Torres Strait Island origin?

- No Yes - Aboriginal Yes - Torres Strait Islander

Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, than tick ANY applicable boxes.

- | | |
|--|---|
| <input type="checkbox"/> Bachelor, Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Degree) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate / Technician) | <input type="checkbox"/> Certificates other than the above |

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Disability

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

- Yes No

If YES, then please indicate the areas of disability, impairment or long-term condition:

- | | |
|---|--|
| <input type="checkbox"/> Hearing / Deaf | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental Illness | |

Employer Details - must be completed if an employer pays for the course

Organisation Name	<input type="text"/>				
Postal Address	<input type="text"/>				
Postal Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Authorised Contact	<input type="text"/>				
Email Address	<input type="text"/>				
Work Phone	<input type="text"/>	Work Fax	<input type="text"/>		

Payment Details

Course fees are payable upon enrolment. Please invoice:

Attendee

Employer

Employer Accounts Contact Name

Employer Accounts Email Address

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Payment Method

Payment is required at the time of enrolment. Student enrolments are not confirmed until ACHS receives the completed enrolment form with payment.

Purchase Order

Please provide PO number

Cheque or Money Order

EFT

Account Name: Ranak Pty Ltd

BSB: 084 391

ABN Number: 61 098 285 968

Account Number: 53 833 3165

Please use your name or invoice number as reference.

Credit Card

Visa

Mastercard

Please Note: ACHS does not accept American Express or Diners

Name on credit card

Card Number

Expiry date

CCV (last 3 digits on back of card)

Payment amount

Terms and Conditions

- I have read, understood and agree to the terms and conditions of the cancellation/refund policy and code of practice, as provided below or as supplied in the [student handbook](#) in the training room or on the college website www.austchs.com. I acknowledge that all information provided on this form is true and correct. I, the above named applicant agree to provide a **JP certified copy** of past tickets or qualifications which pertain to the **RPL required** course I am enrolling in.

Employer Signature (if applicable)

Date

Student Signature

Date

Submitting your Enrolment form;

Please ensure all required fields are completed prior to submission of this form. Required fields are highlighted in red.

1. Email Submission - Automatic

If you have outlook (or similar desktop program) please submit this form using the 'Submit by Email' button below. This will automatically open a new email with your Enrolment Form as an attachment.

2. Email Submission - Manual

If you have a web-site based email account ie. yahoo, hotmail etc. Please save this form once complete. Email your form as an attachment from your email account to enrol@austchs.com.

3. Fax - Return your form to the college via Fax - 07 3822 3214

4. Post - Return your form to the college via Post to - PO Box 2291, Wellington Point, QLD 4160

Terms and Conditions

Our Vision

Our vision is to provide Australians and our Asian neighbours with the opportunity to have safer and healthier workplaces and communities.

Legislation

The Australasian College of Health and Safety ensures all relevant Commonwealth and State legislative and regulatory requirements are followed.

Objectives

The objectives of the Australasian College of Health and Safety include the provision of education and training to develop behaviour and skills necessary for creating safer and healthier workplaces and communities.

Access and Equity

Our college is committed to access and equity principles and processes.

Enrolment Policy

To enrol in a course offered by ACHS, students must complete an Enrolment Form and submit to ACHS. Payment is required at the time of enrolment. Upon acceptance of your enrolment, the student will be sent an invoice and a "Confirmation of Enrolment" via email.

Fees Policy

Course fees can be viewed on our website Course Flyers, and fees are also listed on the ACHS Training Program. All course fees include applicable GST. A printed fee schedule is available by post or fax upon request.

ACHS holds an unconditional financial guarantee from a bank operating in Australia for no less than the full amount of funds held by the RTO which are prepayments from students (or future students) for tuition to be provided by the RTO to those students.

Purchase orders will be accepted over the value of \$700. Payment can be made in CASH, CHEQUE, MONEY ORDER, CREDIT CARD or INTERNET BANKING. ACHS do not accept American Express Credit cards.

Cancellation & Refund Policy

Cancellation - more than 5 working days prior to course commencement date - the student has the option to re-enrol into an alternative course date, or may request a refund. Should the student request a refund, an administration fee of 20% (of full course fee) will apply. A cancellation of enrolment, or refund, must be submitted in writing and forwarded to ACHS via email, fax or post.

Cancellation - under 5 working days prior to course commencement date - no refund is applicable. The full course fee will be held in credit for a maximum of 12 months. The student, or a nominated and approved institute, must enrol in an ACHS course within the 12 month period. Unused fees after 12 months will be forfeited. A cancellation of enrolment must be submitted in writing and forwarded to ACHS via email, fax or post. A transfer of or enrolment or a re-enrolment will incur a \$50 administration fee.

Cancellation - Non-attendance (i.e course has commenced and student did not attend) - No refund is applicable. All course fees are forfeited.

Enrolment is accepted on the understanding that, in the event of ACHS cancelling or rescheduling a course, ACHS will not be held liable for any costs incurred by the student or employer.

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A client/student specific can be created for a specific course at the discretion of the Director. This specific policy will override the above mentioned policy.

Any course held as a result of the preparation and signing of an ACHS Client Proposal is subject to "Service Cancellation and Postponement" conditions.

Course dates and fees are subject to change without prior notice or consultation. Should a student have a complaint with the application of the "Cancellation and Appeals" procedures.

Complaints and Appeal Procedures

If a student has a complaint with any aspect of their training, they are requested to follow the steps within our Complain and Appeal Procedures.

Recognition of Prior Learning (RPL) and Credit Transfer

Our policy commits the Australasian College of Health and Safety to the principles governing the recognition or prior learning and credit transfer. RPL focuses on identifying the endorsed industry competency standards currently held by individuals as a result of formal and informal training, not how, when or where the learning occurred. The college recognises Statement of Attainments and Qualifications issued by other RTO's. Please contact ACHS for an applicable RPL kit.

Assessment Methods

Australasian College of Health and Safety will conduct assessments in a fair and equitable manner as appropriate to the course objectives, learning outcomes, or competencies.

Literacy & Numeracy

The Australasian College of Health and Safety team will endeavour to enhance effective participation by all adults in vocational education and training, in the workplace and the community. ACHS provides a supportive and engaging training environment for all students. Where a student is having difficulties in learning, they are welcome to use a career, translator or support person to assist with their learning outcomes. Should a student wish to use a career, translator or support person in their learning outcomes, they must advise their ACHS assessor. Should a student need further support with Literacy and Numeracy skills they may be referred to an external education provider