SUCCESSION PLANNING

SPECIALIST PROGRAM



ENROLMENT FORM

PLEASE COMPLETE SCAN AND EMAIL TO: LEARN@MENTOREDUCATION.COM.AU

ECTO	ANI

Your Details	Education
Mr Mrs Ms Miss //	Since leaving school, have you FULLY COMPLETED any qualifications?
Title D.O.B	YES NO
Surname First name	(please tick appropriate gual below PLUS include a copy of the gual cert and the gual
Address	statement containing the names and codes of the course content with the rego form)
	Bachelor Degree or Higher Education
Postcode	Advanced Diploma or Associate Degree
Phone (w) Phone (m)	Diploma (or Associate Certificate / Technician)
Email Work Email Personal	Other
Company Position/role	
	Employment
Dealer group Association membership	Of the following categories, which BEST describes your employment situation at enrolment? (tick one)
Full Program Online In-house	Full-time employee Part time employee
Full Program (GST Exempt) Online In-house Workshop Days	Employment Start Date// IF P/time: Av Hrs per Wk
Succession Planning Specialist Program \$790 \$990 1	Self employed – not employing others
	Director of a Company(Company Name)
Payment	Unemployed – seeking full-time work (Job Seeker)
Please Debit Visa Nastercard Cardholder's name	Self employed – not employing others
	Not employed – not seeking employment
Card number	Packaraund
/ /	Background Country of Birth? Australia Other
Cardholder's signature Expiry	
A Bank Transfer has been made to:	Are you? Aboriginal Neither Torres Strait Islander
Acc Name: Mentor Education Mentor Education is enclosed Bank: Commonwealth Bank	Language spoken at home? English Other
BSB Number: 063-162 Acc Number: 10572497	I speak english
Accivalised. 10372497	☐ Not Well ☐ Not at All
Identification Verification	Study Goals
Please scan and email, to Learn@mentor.com.au with your completed Enrolment Form, a	☐ To get a job ☐ For personal interest ☐ To get a better job / promotion
CERTIFIED copy of one of the following forms of identification:	To develop my business For Self Development It was a requirement of my job
Passport Current Drivers Licence	☐ To try for a different career ☐ Other ☐ I needed extra skills for my job
Birth Certificate Proof of Age Card	

Disability Do you consider yourself to have a disability, impairment or long-term condition? Yes If Yes, please tick (you may select more than one): Hearing/deaf Physical Intellectual Mental Illness Acquired Brain Impairment Learning Vision Medical Condition Other Do you require special assistance because of the disability? □ NO **Privacy** All student information will be kept strictly confidential and will not be released to anyone other than the student or his/her sponsoring organisation, without the student's express permission. I understand that Mentor Education (A&NZ) is a Registered Training Organisation [RTO 21683] registered with the Australian Skills Quality Authority [ASQA] and is required to comply with the Privacy Act 1988 and the regulatory guidelines as determined by ASQA in compliance with the National Vocational and Training Regulation Act 2011. I understand that from time to time Mentor Education is required to provide student and training activity data or reports in accordance with regulatory guidelines, as instructed by its governing registering body or government authority or in compliance with the terms and conditions of contracts for government funded training. I understand that Mentor Education, the government or relevant authority may use this information to assist in planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Mentor Education, the government or relevant authority may also disclose information to its consultants, advisers, various government agencies, media partners, education partners, professional bodies and/or other organisations. In some instances our education partners will contact you directly to assist with you learning or suggest other tools that can help with your professional and career development. **Verifying Your Past Qualifications** If you wish to claim National Recognition or Recognition of Prior Learning (RPL) for courses you have previously completed, please sign consent below: I authorise Mentor Education, to collect use, disclose and store personal information about me for the purposes of enrolment and verifying my qualifications. Additionally, I allow third parties holding personal information to disclose same to Mentor Education for the purpose of verifying my past qualifications. I agree not to assert any claims or cause of action of any kind against Mentor Education, its agents, clients, employees, and the individuals contacted by Mentor Education arising out of their qualification verification enquiry.

Date

Signature

Fees and Refunds

Fees and refunds are detailed in Mentor Education's policies (please visit - www. mentoreducation com au)

The following is a summary of key points for courses undertaken via Hard Copy or eLearning delivery:

- Learners have two attempts to complete multiple-choice assessments. A third attempt is available for a fee of \$95
- An extension of time is available at a fee of \$145.
- If a learner re-enrols in a course that has lapsed, the learner will receive a 20% discount off the recommended retail price published on the Mentor Education website.
- Re-marking of the Statement of Advice (SoA) will attract a \$195 fee for each submission.
- Re-issue of a certificate (partial or full completion) will attract a \$75 fee for each.
- Re-Issue of hard copy manuals will attract a \$75 fee for each manual. This fee includes postage costs within Australia.

Refunds will not be applicable in instances where materials have been distributed or where external provider fees are due. A refund of course fees may be made when Mentor Education is unable to proceed with the scheduled training.

Declarations

I declare that to the best of my knowledge all the information supplied on, and with this enrolment form is true and complete, I agree to abide by the conditions described in the Student Information Guide and in the terms and conditions contained therein

I consent to:

- The disclosure of personal information as described in the privacy statement.
- Mentor Education emailing me information in relation to its products and services.
- Mentor Education providing information to media, education, career and industry association partners for the purpose of providing you with industry eNewsletters, industry association membership, assist with you learning or suggest other tools that can help with your professional and carer development.
- · Mentor Education using my course feedback and any content collected during my studies in marketing and course content.

	/ /
Signature	Date

WHEN COMPLETE

(this page and overleaf)

FMAII **POST** learn@mentoreducation.com.au with your cheque to:

Mentor Education 1a Scotia Grove

FAX AUS: 1300 366 170 INT: +61 3 9614 1877

South Yarra Vic 3141