**Conduct a Playground and Outdoor Recreation Area Access Audit**

**(CPPACC4006 Conduct playground access audits and CPPACC4012 Conduct outdoor recreation area access audits)**

**2 days – plus 2 months to complete assignments and assessment**

**Enrolment Form**

Please ensure that you read the Course Information Handbook prior to answering all questions in this course Enrolment Form. When completed, submit this form to Access Institute as per the details on the last page.

**Acknowledgement**: I have read the Course Information Handbook, please sign:

1. **Personal details**

Name (Surname)…………………………. (Given name) …………………….……....

Date of Birth Day ……………...…. Month …………….. Year …………………….…....

Gender  Male  Female  Other

**It is a mandatory requirement for students to supply current legible photographic identity evidence**

I have attached a copy of a valid Australian Drivers Licence or Passport (Australian)

**It is compulsory for all students enrolling in nationally recognised training to have a Unique Student Identifier (USI).**

**Please provide your Unique Student Identifier**

**………………………………………………………………………………………………**

**Or**

I would like Access Institute to apply for a USI on my behalf and authorise Access Institute to do so. I declare that I have read the privacy information at <https://www.usi.gov.au/system/files/documents/privacy_notice_0.pdf> (refer to the Privacy Statement in this Enrolment Form)

1. **Residence**

What is the address location and postcode of the suburb, locality or town in which you usually live?

Address ................................................................................ Postcode …………

Home Telephone ………………..……….. Mobile …………….…............................

Email…………………………………………………………...............................................

Postal address (if different from above) ……………………………………………………

…………………………………………………………………………………………………..

1. **Employment**

Employer name (if applicable).......................................................................................

Your current role ........................................................................................................

Employer address ........................................................................................................

Phone .......................................................... Fax .........................................................

Email ............................................................................................................................

Of the following categories, which best describes your current employment status?

(Tick **one** box only)  Full-time employee  Part-time employee

Self employed – not employing others  Self employed – employing others

Employer  Employed – unpaid worker in a family business

Unemployed – seeking full-time work  Unemployed – seeking part-time work

Not employed – not seeking

1. **Person to Contact in an Emergency**

Name ………………………………………… Relationship ………………………………

Address ……………………………………… Telephone .………………………............

Mobile ……………………………………….. Email.......................................................

1. **Language and Cultural Diversity**

In which country were you born?  Australia  Other – please specify

……………………….……………………………………………………………………….

Town/City of Birth …………………………………………………………………………………..

Do you speak a language other than English at home?  No, English

(if more than one language, indicate the one that is spoken most often)  Yes,

Other Please specify ……………………………………………..……………………….....

How well do you speak English?  Very well  Well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

1. **Particular Requirements**

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

Yes  No

If Yes, please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area)  Hearing/deaf  Physical  Intellectual  Learning  Mental Illness  Acquired Brain Impairment  Vision

Medical Condition  Other

Do you have any specific requirements that we need to know about to ensure you can participate in the course effectively? Yes No

If Yes, please provide more information so that we can prepare, in consultation with you, the most appropriate support arrangements

**Education**

Are you still attending secondary school?  Yes  No

What is your highest **completed** school level? (Tick **one** box only)

Completed Year 12  Completed Year 11  Completed Year 10

Completed Year 9 or Equivalent  Completed Year 8 or Lower

Did not go to High School

In which year did you complete that high school level …………………….

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

If Yes, tick **any applicable boxes**  Bachelor Degree or Higher Degree

Advanced Diploma or Associate  Degree  Diploma Level

Certificate IV  Certificate 111  Certificate 11  Certificate 1

Certificates other than the above

Are you planning to apply for any Credit Transfer?  Yes  No

Are you planning to apply for any RPL?  Yes  No

1. **Study Reason**

Of the following categories, which **best** describes your main reason for undertaking this course?

to get a job  to develop my existing business  to start my own business

to try for a different career  to get a better job or promotion

it was a requirement of my job  I wanted extra skills for my job

to get into another course of study  for personal interest or self development

other reasons

**Course Dates 2024**

**Note**: The following are the only dates and locations for this course in 2024

**2 days– Daily from 10.00am.m. to 4.30p.m. Melbourne time**

**Locations: Please tick appropriate**

* **Delivered Live Online via Zoom:** 29 & 30 July 2024

**Fees, Charges and Refunds**

**Course Fee:** $1400.00

If a student withdraws from a course after they have confirmed their enrolment. i.e. submitted their enrolment form to Access Institute, a minimum fee of 50% of the full course fee will apply if withdrawal occurs more than 14 days prior to course commencement.

If a student withdraws from a course within 14 days of the course commencement, 100% of the total course fee will apply.

All fees for any Recognised Prior Learning (RPL) or Credit Transfer (CT) undertaken by Access Institute for any student who withdraws from a course, after they have confirmed their enrolment, will be payable in full by the student.

All fees and charges must be received by Access Institute as per the information provided in the Course Information Handbook in order for a student to participate in the course.

If a students’ internet connection is unstable or drops out during a session delivery, no refund of course fees will be applicable. Alternatives will be provided for completion of any course requirements.

I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute.

Authorising Officer:………………………………. Signature:…………………………….

Your email address for Invoices:……………………………………………………………

Access Institute policies and further course information is provided in the Course Information Handbook, available from Access Institute at [info@accessinstitute.com.au](mailto:info@accessinstitute.com.au)

To support high quality training, numbers of students enrolled in each course are limited. Enrolment is not guaranteed or confirmed until fees are received by Access Institute and Access Institute has confirmed enrolment with the student via email.

Access Institute reserves the right to cancel any course at any time. If a course is cancelled by Access Institute ALL of your course fees paid will be refunded. Access Institute reserves the right to change the mode of course delivery as required. i.e. webinar, teleconference, face to face etc.

Access Institute does not however take responsibility for any participant’s costs associated with any such cancellation related to airfares, travel or accommodation.

Access Institute will endeavour to notify students as early as possible of any course cancellation but no later than 2 weeks prior to a scheduled course commencement.

**Where did you hear about this course? Please circle:**

**Access Institute Flyer Access Institute Website**

**Access Insight Newsletter Colleague Access Institute eNews**

**Other: please state: …………………………………………..**

**Privacy Statement**

I understand that Access Institute is required to provide the Australian Skills Quality Authority (ASQA), with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the National VET Provider Collection Data Requirements Policy (which is available at <https://docs.education.gov.au/node/37145> . Access Institute may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting, and/or research activities. For these and other lawful purposes, ASQA may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Access Institute Administration Manager on phone 03 9988 1979 or email [admin@accessinstitute.com.au](mailto:admin@accessinstitute.com.au)

I acknowledge and agree to the terms described in this privacy statement:

**Applicant signature: ………………………………………………………………………**

**Tick this box  to confirm acceptance of the privacy statement for online enrolments.**

|  |
| --- |
| Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Australian Quality Training Framework administered by the Australian Skills Quality Authority (ASQA) who are the registering authority. The requirements of the registering authority may require the release of your personal information for the purposes of audit or for collection of data by Commonwealth and State Government departments and agencies. It is a requirement of the Standards for Registered Training Organisations 2015 that students can access personal information held by the college and may request corrections to information that is incorrect or out of date. Please apply to the Assessment Manager if you wish to view your own records.  **USI Declaration:**  I have authorised Access Institute to apply, pursuant to sub-section 9(2) of the *Student Identifiers Act 2014*, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/system/files/documents/privacy_notice_0.pdf>. I understand that documents supplied for the sole purpose of creating a USI will be destroyed once a valid USI is created  **Applicant Signature ...........………………………………................. Date………………………..**  I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute. I acknowledge I have read and understood the contents of the course information handbook.  **Applicant Signature ...........………………………………................. Date………………………..** |

**Email this Enrolment Form to** [**admin@accessinstitute.com.au**](mailto:admin@accessinstitute.com.au)

**or send to Access Institute P O Box 255, North Melbourne, 3051**