## CPP40821 Certificate IV in Access Consulting

**Delivered Live Online via Zoom and self-paced learning**

**8 days – plus 12 months to complete all assignment materials**

**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:

**Note**: There must be a minimum number of enrolments received by Access Institute, 2 weeks prior to course commencement, in order for this course to proceed. This number varies according to the course type and location. Confirmation that a course will or will not proceed as scheduled, will be provided to each enrolled student, via email, no later than 2 weeks prior to course commencement date.

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

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

1. **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 for this course in 2024 at this time.

**8 days– Daily from 10.00a.m. to 5.00p.m. (approx.) plus individual tasks**

**Please tick the course you wish to attend**

[ ]  **Delivered Live Online via Zoom: 28, 29, 30 August, 4, 5, 16, 17, 19 September 2024**

**10.00am – 5.00pm, Melbourne Time.**

**Fees, Charges and Refunds**

**Course fee:** **Please refer to the Course Information Handbook**

Total fee can be paid on enrolment or alternatively paid in the instalments: please refer to the Certificate IV in Access Consulting Course Information Handbook for instalment dates.

**Please tick your preferred payment option:**

[ ]  **Lump Sum Prior to Course:** (No GST is applicable)

[ ]  **Installments:** (No GST is applicable)

**Refunds**

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, no refund will be provided and 100% of the total course fee will apply.

All fees for assessment of Recognised Prior Learning (RPL) or Credit Transfer (CT) undertaken by Access Institute, must be received before assessment of RPL or CT is undertaken. If a student withdraws from a course after RPL or CT assessment has been undertaken, no refund of course fees will be applicable.

All fees and charges must be received by Access Institute prior to course commencement 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 offered 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

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.

**Cancelation of Course by Access Institute**

Access Institute reserves the right to cancel any course at any time. If a course is cancelled by Access Institute ALL course fees paid by a student 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 reserves the right to change course dates if necessary.

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

Confirmation that a course will or will not proceed as scheduled, will be provided to each enrolled student, via email, no later than 2 weeks prior to course commencement date.

Access Institute will endeavor to notify students as early as possible of any course cancellation or change of date.

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

**Access Institute Website Access Insight Newsletter**

**Colleague Access Institute eNews**

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

**All assessments must be completed and submitted within 12 months of course commencement.**

**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

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

**By submitting this form to Access Institute, you are acknowledging that you have read the Course Information Handbook and agree to the terms conditions contained within it.**