

ELECTROGROUP TRAINING ENROLMENT FORM

PLEASE ENSURE ALL INFORMATION IS STATED FOR YOUR ENROLMENT TO BE PROCESSED

COURSE DETAILS					
Please select course name in the drop down box provided		Are you a current Apprentice?		YES	No
	Are you enrolling due to disciplinary action?	Yes	No	Start date:	End date:
Are you applying for RPL? (Recognition of Prior Learning)?		Yes	No	Have you held a full current Electrical Licence for a t least two years? YES NO	
PERSONAL DETAILS					
TITLE	Mr. Miss Ms Mrs. Other	GENDER		Male	Female
GIVEN NAMES			SURNAME		
DATE OF BIRTH <i>day/month/year</i>			HOME PHONE		
WORK PHONE			MOBILE PHONE		
EMAIL ADDRESS			USI Number (Unique Student Identifier)		
RESIDENTIAL ADDRESS					
BUILDING NAME:					
FLAT/UNIT NUMBER:					
STREET ADDRESS:					
CITY/SUBURB:		STATE:		POSTCODE:	
POSTAL ADDRESS			‘SAME AS ABOVE’ tick box		
BUILDING NAME:					
FLAT/UNIT NUMBER:					
STREET ADDRESS:					
CITY/SUBURB:		STATE:		POSTCODE:	
EMERGENCY CONTACT DETAILS					
NAME:			RELATION:		
MOBILE PHONE:			WORK OR HOME PHONE:		
EMPLOYMENT DETAILS					
The Business is one of the following Micro (0-4 FTE) Small (5-19 FTE) Medium (20-199 FTE) Large (200+FTE)					
COMPANY			CONTACT PERSON		
PHONE			EMAIL		
ADDRESS					
CITY/SUBURB:		STATE:		POSTCODE:	
ELECTRICAL LICENCE DETAILS					
<input type="checkbox"/> Mechanic <input type="checkbox"/> Fitter <input type="checkbox"/> Mechanic/fitter <input type="checkbox"/> Apprentice			Licence number		
<input type="checkbox"/> ACMA Registration (<i>Cabling License</i>)			Licence number		
<input type="checkbox"/> Other: <i>Specify</i>					
EMPLOYMENT STATUS					
Of the following categories, which best describes your current employment status? (tick one box only)					
<input type="checkbox"/> 1. Full-time Employee <input type="checkbox"/> 2. Part-time Employee <input type="checkbox"/> 3. Self Employed, Not employing others <input type="checkbox"/> 4. Employer		<input type="checkbox"/> 5. Unpaid, working in a family business <input type="checkbox"/> 6. Unemployed – Seeking full-time work <input type="checkbox"/> 7. Unemployed – Seeking part-time work		<input type="checkbox"/> 8. Not Employed – Not seeking work <input type="checkbox"/> 9. Full-time Student <input type="checkbox"/> 10. Part-time Student	

EDUCATION

What is your highest COMPLETED school level? (tick one box only) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below	WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL? NAME OF SCHOOL: _____ Are you still attending secondary school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, current school level: _____
	Did you complete year 12 in Queensland and do you hold a senior statement? <input type="checkbox"/> YES <input type="checkbox"/> NO

PRIOR QUALIFICATIONS

Have you SUCCESSFULLY completed any of the following qualifications or other units of competencies? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please tick boxes applicable boxes below)			
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above or units of competencies eg, UEENEE101A

CURRENT ENROLMENT STATUS

Are you CURRENTLY enrolled in any of the following qualifications? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes please tick boxes applicable boxes below)			
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificates other than the above

STUDY REASONS

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

<input type="checkbox"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Other: <i>Specify</i> _____

LANGUAGE AND CULTURAL DIVERSITY

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? <input type="checkbox"/> Prefer not to specify <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)			
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
WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME?	<input type="checkbox"/> English <input type="checkbox"/> Other, Please specify: _____		
DO YOU REQUIRE ENGLISH ASSISTANCE TO COMPLETE YOUR STUDIES?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IN WHICH COUNTRY WERE YOU BORN?			
ARE YOU AN AUSTRALIAN CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU A NEW ZEALAND CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU AN AUSTRALIAN PERMANENT RESIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO (if YES, see boxes below)				
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Psychological	<input type="checkbox"/> Physical	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Hearing/Deafness	<input type="checkbox"/> Learning	<input type="checkbox"/> Neurological	<input type="checkbox"/> Visual	<input type="checkbox"/> Other, Please Specify: _____

<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>											
				-						-					-				
		/																	

Terms And Conditions
(Must be completed by all participants)

Full terms and conditions can be viewed in our Student Handbook by contacting 1300 347 687 or by visiting www.electrogroup.com.au
Before signing up, make sure the course meets your learning, career and financial needs.

Privacy: All data collected on this form is confidential and Electro Group Training QLD Ltd (EGT) only collects this information for the purposes of training and assessment, reporting, administration and evaluation of the program. EGT may also disclose personal information to another party without consent where authorised or required by law.

REFUND/CANCELLATION POLICY: Students have the right to obtain a refund for services not provided by Electrogroup Training:

In the event where a course is cancelled by Electrogroup Training, if the participant cannot be transferred to an alternative course, a full refund will be provided.

Student Cancellations; Where cancellation notice is received less than ten business days before the course commencement, students will not be eligible for a refund. Enrolments, however, may be transferred to another course provided cancellations are received no less than two working days before the course commencement. Participants may be provided with a refund or partial refund of course fees in exceptional circumstances.

Arrangements terminated early, that is more than 10 business days prior to the commencement of the course, a 50 % refund will be provided or credit for full amount to be used on another course. This must be used within 6 months of credit issue. For more information, please see link to our student handbook; <https://www.electrogroup.com.au/training/student-handbook>

I give permission for CSQ to contact me for the purposes of including but not limited to; a review, conducting destination surveys and/or, to advise of CSQ products and services, whether current or future.

- I certify that all information and any supporting documentation that I have provided is true and correct.
- I hereby acknowledge and accept the terms and conditions of enrolment and cancellation.
- I agree to provide my Unique Student Identifier to EGT.
- I understand that before attending the first session it is my responsibility to apply for a Unique Student Identification (USI) number with the Australian Government Department of Industry Skills. (To register for a USI number <http://www.usi.gov.au/Pages/default.aspx#>)
- I acknowledge the receipt of the EGT Student Handbook and have read the Refund Policy and the Complaints and Appeals Policy
- I understand that I may be refused student services (i.e. not be able to sit exams, delays in receipt of the Completion Statement, lock-out from the Student Portal and Learning Management System) if I fail to pay my fees on or before the invoice due date.
- I agree to abide by EGT policy and procedures and acknowledge that the facilities made available for my use, will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards.
- I consent to release of my personal information for the purposes outlined under the Privacy paragraph above.
- I grant Electrogroup, its representatives and employees the right to take photographs of me and my property in connection with the course promotion. I authorize EGT to copyright, use and publish the same in print and/or electronically and to use in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form. I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of these Images.
- I would like to receive information on other courses offered by ElectrogroupTraining.
I give permission for Electrogroup Training to access my USI account

Student declaration (Read carefully before signing)

Enrolments made by students under the age of 18 years must be signed by a parent / guardian.

I hereby certify that, I agree to abide by the Terms and Conditions of Enrolment of EGT.

Student Signature		Date	
Parent / Guardian Signature		Date	