

## RTO Provider No. 22274

Longarm Firearm Safety Course ~ Marine / Security Training ~ First Aid ~ Risk Management

HEAD OFFICE: Suite 15, 11 - 17 Pearcedale Parade Broadmeadows Vic 3047

## APPLICATION TO ATTEND LONGARM FIREARM SAFETY COURSE

## 1. PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms/Dr etc.	Date of Application (dd/mm/yyyy)					
Full Name (Given Names + Surname or Family Name)						
Sex (F or M)	Date of Birth (dd/mm/yyyy)					
Postal Address (Number/Street/PO Box etc.)						
Suburb/City	Post Code Format: XXXX)					
Telephone Home (Format 03-0000-0000)	Mobile (Format: 0400-000-000)					
Email Address						
<b>Note</b> : If you have a poor command of English you may elect to have an Interpreter, who is not a friend or relative to attend the Course with you. It is your responsibility to arrange the Interpreter – Victorian Interpreting & Translating Services Tel: 9280 1988 – 131450. If you elect to have an interpreter, <u>it will be at your own expense</u> and you MUST inform the Firearm Instructor prior to attending the course.						
ARE YOU BRINGING AN INTERPRETER? YES NO						
Application to be submitted electronically to: <a href="mailto:info@advancetraining.com.au">info@advancetraining.com.au</a> <ul> <li>Applicant will have to produce Photographic Identification at time of course.</li> <li>You will be advised of course start date and time.</li> <li>Must pay \$100 for Adult or \$70 for Junior.</li> <li>Longarm Firearm Safety Course duration will be 2 to 3 hours.</li> <li>You will be required to be conversant with the contents of Firearms Safety Code Booklet. You may download copy from our website, www.advancetraining.com.au</li> </ul>						
Payment Details Write the course start date you wish to enroll						
Cash Eftpos Credit Card	Master or Visa Only (Complete below) Cheque (Payable to: Technical Advanced Training)					
Card Holder's Name:	Card Expiry Date (mm/yy)					
Card Number: /	/ CCV#:					
Technical Advanced Training, Suite 15 11 –	17 PEARCEDALE Parade, BROADMEADOWS VIC 3047 OR E: info@advancetraining.com.au					

TEL: (03) 9309 0059 FAX: (03) 9309 7490

## 2. EVIDENCE OF RESIDENCE and PHOTO IDENTIFICATION

You must provide <b>ONE Evidence of Residence</b> identification and <b>ONE PHOTO Identification</b> below:						
0.0	Green Medicare Card Number  OR  Australian Passport Number  OR  Overseas Passport Number (must have valid visa)					
OR						
OR						
OR	Australian Birth Certificate	•	•			
OR		,	)			
	Australian Citizenship Cer	tificate Number				
	ONE PHOTO IDENTIFICATION REQUIRED					
Ī	Victorian Dri			torian Learners Permit		
		ntification Card		torian Handgun licence Card torian Security Guard / Crowd Control Card		
		n Children Check Card roof of Age Card		stralian Keypass Card		
3. TO BE COMPLETE BY PARENT / GUARDIAN IF STUDENT IS UNDER 18 YRS OF AGE  BELOW TO BE SIGNED BY *PARENT/GUARDIAN IF STUDENT IS UNDER THE AGE OF 18 YEARS OLD  STUDENT DECLARATION AND CONSENT - *Parental/guardian consent is required for all students under the age of 18 years old.  I give permission for the applicant to undertake the Marine Training with TAT. I declare that the information I have provided to the best of my knowledge is true and correct. I also consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.						
STUD	DENT SIGNATURE:			DATE		
*PARENT/GUARDIAN SIGNATURE:			DATE			
*Parent Contact Number: (Format: 0400-000-000)						
PLEASE CHECK EVERYTHING BEFORE SUBMITTING						
	OFFICE USE ONLY - PROCESSED BY (Longarm Firearm Instructor)					
		SIGN	DATE/_			
	Technical Advanced Training	1, Suite 15 11 – 17 PEARCEI	DALE Parade. BROADMEADOWS V	/IC 3047 OR E: info@advancetraining.com.au		

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Version 1: 20230818

Firearm Longarm Safety Course Student Enrolment Form

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