



Acrobat Reader Software Announcement

If you have any problems when filling out the Student Enrolment Form you must do the following two steps:

Firstly, uninstall Acrobat Reader Software with Acrobat Reader Cleaner Tool. After that, install a new Acrobat Reader Software in your computer.

Step 1: **Acrobat Reader Cleaner Tools Link**

<https://labs.adobe.com/downloads/acrobatcleaner.html>

Step 2: **Download New Version Acrobat Reader.**

<https://get.adobe.com/reader/>

RTO Provider No. 22274

Security Training ~ First Aid ~ R.S.A ~ Training Assessment – Risk Management

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

Student Enrolment / RPL Form

Please use CAPITAL LETTERS

1. PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms/Dr etc.

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

Postcode (Format: XXXX)

Telephone Home (Format 03-0000-0000) Mobile (Format: 0400-000-000)

Email Address

Checklist for Approval	Yes	No
Have you ever been convicted of any offence in Australia or Overseas? (not traffic charges)		
Have you ever been found guilty of any offence without conviction being recorded? (not traffic charges)		
Do you have any charges pending against you? (not traffic charges)		
Have you ever received a diversion at court? (not traffic matter)		
(If your answer is yes to any of the above questions, this may warrant a refusal of license by the Victorian Police, visit www.police.vic.gov.au for further information)		
Have you been living in Australia for over 12 months?		
I have read and understood all the above questions providing true answers		

AVETMISS Information Collection (R.T.O. Compliance Requirement)

RETURN COMPLETED FORM TO:
 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. LANGUAGE AND CULTURAL DIVERSITY

Are you a Permanent Resident? YES NO

Country of birth?

Town / City of birth?

Are you an Overseas fee paying Student? YES NO

Do you speak a language other than English at home? YES NO

Please specify other language:

How well do you speak English? (Please tick one choice)

VERY WELL WELL NOT WELL NOT AT ALL

Are you Aboriginal or Torres Strait Islander Origin? (Please tick one choice)

NO YES, Aboriginal Yes, Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term condition? YES NO

(If YES, then please indicate the areas of disability, impairment or long term condition, you may indicate more than one option)

	Hearing / Deaf		Physical		Intellectual		Mental Illness
	Acquired Brain Impairment		Vision		Medical Condition	Other: (specify)	
			Hearing		Medication or treatment		

3. What is your HIGHEST COMPLETED school level? (tick one only)

	Completed Year 12 (VCE, form 6)		Completed Year 11 (form 5)
	Completed Year 10 (form 4)		Completed Year 9 or lower (form 3)

In what year did you complete that school level? (Format: YYYY)

Are you still attending secondary school? YES NO

Have you SUCCESSFULLY completed any of the following qualifications? YES NO

	Bachelor Degree or Higher		Advanced Diploma or Associate Degree
	Diploma or Associate Diploma		Cert. IV or Advanced Cert. / Technician
	Cert. III or Trade Cert.		Cert. II
	Cert. I		Certificates other than above

4. LIST YOUR CURRENT QUALIFICATIONS BELOW

Year Awarded	Name of Qualification	Qualification Level	Institute	State/Country

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5. **EMPLOYMENT**

Of the following categories, which best describes your current employment status? (Tick one box only)

Full Time Part Time Casual Self-Employed Unemployed – Seeking fulltime work

Of the following categories, which best describes your industry of employment? (Tick one box only)

A - Agriculture / Forestry / Fishing B - Mining C - Manufacturing D - Electricity, Gas, Water E - Construction

F - Wholesale Trade G - Retail Trade H - Accommodation I - Transport, Warehousing Food Services J - Information Media and communications

K - Financial / Insurance L – Rental / Real Estate M - Professional / Scientific Services N - Administrative / Support O - Public Administration and Safety

P - Education / Training Q - Health Care / Social Assistance R - Arts / Recreation S - Other Services

Of the following categories, which best describes your occupation? (Tick one box only)

1 - Manager 2 - Professionals 3 – Technician / Trade Workers 4 – Community and Personal Service Workers 5 – Clerical and Administrative Workers

6 – Sales Workers 7 – Machinery / Operators and Drivers 8 - Labourers 9 - Other

6. **STUDY REASON**

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only.)

To get a job	It was a requirement of my job
To develop my existing business	I wanted extra skills for my job
To start my own business	To get into another course of study
To try for a different career	For personal interest or self development
To get a better job or promotion	Other reasons

7. **VICTORIAN STUDENT NUMBER - VSN**

To be completed by all students aged up to 24 years.

Enter your Victorian Student Number (VSN):

(No more questions if you provided your VSN)

Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011

Yes - I have attended a Victorian school since 2009.

Most recent Victorian school attended: _____ and / or

Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations).

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

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8. UNIQUE STUDENT IDENTIFIER NUMBER- USI NUMBER

Do you have you a Unique Student Identifier Number? YES NO

Enter USI Number (USI):

From 1 January 2015, we Technical Advanced Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

If you would like us Technical Advanced Training to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

I **[Student Full Name]** authorise Technical Advanced Training 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 <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

SIGNATURE :

DATE (dd/mm/yyyy):

9. Technical Advanced Training Forms Issued (Please tick appropriate boxes)

<input type="checkbox"/>	Enrolment Form	<input type="checkbox"/>	Course Materials & Work book	<input type="checkbox"/>	Trainee Information Kit
<input type="checkbox"/>	RPL application form	<input type="checkbox"/>	LL&N Assessment	<input type="checkbox"/>	Student Training Plan

10. COURSE FEES / GOVERNMENT FUNDING ELIGIBLE STUDENTS

Please indicate (*only*) one Course for which you wish to enroll. All Course Fees include Student Workbook

* Health Care Card (HCC) / Pension Concession Card (PCC)

** Non Health Care Card (Non HCC)

Government Funded students are required to pay 100% of the enrolment fee.

✓	Course Code								Course Title	Please Circle which class			
										Day Class		Evening Class	
										*HCC / PCC	**Non HCC	*HCC / PCC	**Non HCC
	C	P	P	2	0	2	1	8	Certificate II in Security Operations (Crowd Control / Unarmed Guard)	\$50.00	\$250.00	\$50.00	\$250.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations	\$50.00	\$250.00	\$50.00	\$250.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Team Leading / Screening) <small>(If you hold a current qualification in Certificate II in Security Operations)</small>	\$50.00	\$250.00	\$50.00	\$250.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Baton & Handcuffs / Cash in Transit / Armed Guard) <small>(If you hold a current qualification in Certificate II in Security Operations)</small>	\$50.00	\$250.00	\$50.00	\$250.00
	C	P	P	4	0	7	0	7	Certificate IV in Security and Risk Management	N/A	N/A	\$160	\$800
	C	H	C	3	0	1	1	3	Certificate III in Early Childhood Education and Care	\$30.00	\$150.00	N/A	N/A
	C	H	C	5	0	1	1	3	Diploma of Early Childhood Education and Care	\$150.00	\$150.00	N/A	N/A
	T	A	E	4	0	1	1	6	Certificate IV in Training and Assessment	N/A	N/A	\$160	\$800

INCLUSIVE ENROLMENT / APPLICATION FEE (Non Concession Card)

\$150 \$250 \$800

INCLUSIVE ENROLMENT / APPLICATION FEE (Concession Card)

\$30 \$50 \$160

Write the course start date you wish to enroll (dd/mm/yyyy)

DAY EVENING

Payment Details Tick ✓

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 #:

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11.

COURSE DETAILS / FEE FOR SERVICE including Enrolment Fee

Please indicate (**only**) one Course for which you wish to enroll. All Course Fees include Student Workbook

Please circle preferred class

Tick √	Course Code								Course Title	Day Class	Evening Class	RPL Only
	C	P	P	2	0	2	1	8	Certificate II in Security Operations (Crowd Control / Unarmed Guard)	\$1200.00	\$1500.00	\$1000.00
									Control Room Operator Units Only (If you hold a current Certificate II in Security Operations qualification)	\$700.00	\$800.00	\$550.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations	\$1200.00	\$1500.00	\$1000.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Team Leading / Screening) (If you hold a current qualification in Certificate II in Security Operations)	\$1900.00	\$2200.00	\$1800.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Baton & Handcuffs / C.I.T / Armed Guard) (If you hold a current qualification in Certificate II in Security Operations)	\$2100.00		\$1500.00
	C	P	P	4	0	7	0	7	Certificate IV in Security and Risk Management	N/A	\$2000.00	\$1800.00
	C	H	C	3	0	1	1	3	Certificate III in Early Childhood Education and Care	\$2500.00	N/A	
	C	H	C	5	0	1	1	3	Diploma of Early Childhood Education and Care	\$7500.00	N/A	
	T	A	E	4	0	1	1	6	Certificate IV in Training and Assessment		\$3000.00	\$2400.00

Stand alone unit/s of Competency or Short Courses (Non-Accredited) ONLY

Tick √	Unit of Competency										Unit Title	Day Class	Evening Class	RPL Only
	H	L	T	A	I	D	0	0	1		Provide CPR	\$100.00		N/A
	H	L	T	A	I	D	0	0	3		Provide First Aid	\$200.00		N/A
	H	L	T	A	I	D	0	0	4		Provide an emergency first aid response in an education and care setting	\$200.00		N/A
	C	P	P	S	E	C	3	1	2	7	Conduct security screening using x-ray equipment	\$700.00	\$700.00	\$600.00
	C	P	P	S	E	C	3	1	2	8	Conduct security screening using walk-through metal detection equipment			
	C	P	P	S	E	C	3	1	2	9	Conduct security screening using explosive trace detection equipment			
	C	P	P	S	E	C	3	1	3	0	Conduct security screening using hand-held metal detectors			
Must Circle CT or \$100	C	P	P	S	E	C	2	1	0	8	Screen people, personal effects and items to maintain security	CT or \$100.00		
	C	P	P	S	E	C	3	1	1	4	Control security risk situations using firearms	\$300.00		N/A
	C	P	P	S	E	C	3	1	1	5	Carry, operate and maintain revolvers for security purposes	\$250.00		N/A
	C	P	P	S	E	C	3	1	1	6	Carry, operate and maintain semi-automatic pistols for security purposes	\$250.00		N/A
	C	P	P	S	E	C	3	1	1	0	Control persons using baton	\$350.00	\$450.00	\$250.00
	C	P	P	S	E	C	3	1	1	1	Control persons using handcuffs			
	C	P	P	S	E	C	3	1	2	0	Load and unload Cash in transit in an unsecured environment	\$300.00	\$350.00	\$200.00
	C	P	P	S	E	C	3	1	1	9	Implement Cash in transit security procedures			
	C	P	P	S	E	C	3	1	1	8	Inspect and test cash-in-transit security equipment and rectify faults			
											Responsible Service of Alcohol	\$100.00		N/A

A minimum payment of \$250.00 is required if course fee is >> \$250.00

Write the course start date you wish to enroll into (dd/mm/yyyy)

DAY	EVENING
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Payment Details Tick √

Cash Eftpos Credit Card Master ov Visa Only(Complete below) Cheque (Payable to: *Technical Advanced Training*)

Card Holder's Name:

Card Expiry Date (mm/yy):

Card Number: / / /

CCV #:

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12. STUDENT PAYMENT PLAN

Technical Advanced Training follows the Fee Protection standard for AQTF providers:

- Limit the prepaid fees received
- Prior to commencement to course < \$1,000
- Ongoing students to <\$1,500
- (Note: student fees exposure should not exceed \$1,500 at any point)

If you require a payment plan please enquire at the administration desk.

Please read carefully and sign the following:

I **[Student Full Name]** agree from the day that I undertake study with the Technical Advanced Training, that I am fully liable for the full amount of the cost of the course. If for some reason I am unable to complete the course, I understand and agree that I will be liable for the outstanding balance.

Course Payment: (please tick) Full Fee Student Government Funded

By signing this form I understand that:

- ✓ I will not receive my certificate until the course fee is paid in full.
- ✓ By signing this form, I agree to make all payments on my account on the stated dates.
(Any variation must be advised and agreed to by TAT. Failure to do so will be treated as a default.)
- ✓ From this day forward I take full responsibility for this course fee.

Student Signature:

Date (dd/mm/yyyy):

13. EMERGENCY CONTACT DETAILS

Title : Mr / Mrs / Miss / Ms / Dr etc.

Full Name:

Phone Number #1
(Format: 0400-000-000)

Phone Number #2
(Format: 0400-000-000)

Relationship to Student:

Address:

Does this nominated person speak a language other than English? Yes No

If yes, what is the main language spoken at home?

14. STUDENT PRIVACY AND CONSENT NOTICE

Under the Data Provision Requirements 2012, Technical Advanced Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Technical Advanced Training for statistical, regulatory and research purposes. Technical Advanced Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

STUDENT DECLARATION AND CONSENT - *Parental/guardian consent is required for all students under the age of 18.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE DATE (dd/mm/yyyy)

PARENT/GUARDIAN SIGNATURE DATE (dd/mm/yyyy)

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SECTION A – EVIDENCE OF CITIZENSHIP / RESIDENCY AND AGE

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK

I confirm that in relation to:

*(Student's full name)*I have **SIGHTED one** of the following:

Australian Birth Certificate (not Birth Extract)

Current New Zealand Passport

Current green Medicare Card

a Referral to Government Subsidised Training – Asylum Seekers' form from the

Asylum Seeker Resource Centre or the Australian Red Cross

Formal confirmation of permanent residence granted by the Department of Home

Affairs (or its successor) AND the student's foreign passport or ImmiCard.

Current Australian Passport

Australian Citizenship certificate

Australian citizenship by descent extract

By EITHER:

viewing an original

viewing a certified copy

verified through the Document verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.2b(iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence]

AND I have **RETAINED (one)** of the following:

a copy of the original or certified copy, OR

the certified copy, OR

evidence as set out in Clause 2.2(ii) of these guidelines [where verified through the DVS]

AND if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also **SIGHTED** and **RETAINED** a copy of **ONE** of the following:

current drivers licence

current learner permit

Proof of Age card

'Keypass' card

Not applicable

SECTION B - EDUCATION HISTORY

TO BE COMPLETED BY THE STUDENT - DO NOT LEAVE ANY SECTIONS BLANK - PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION

Q1. What is the highest qualification (not including secondary or high school) that you have **COMPLETED**, or **EXPECT TO COMPLETE** at the time the training you are applying for is scheduled to start? *(include code and full title of qualification if possible, eg.CPP20218-Certificate II in Security Operations. If you have not completed any qualification, write 'not applicable')*

Q2. How many other **government funded** courses have you enrolled in that have started, or will start in the **same calendar year** as the course/s you are applying for now? (DON'T include the course/s you are applying for now. DO include other course/s at this and other training providers you've enrolled in, but haven't started yet).

Q3. **Not including** the course/s you are applying for now, how many other **government funded** courses are you doing at the moment?

Q4. In your lifetime, how many **government funded** courses have you started (commenced) that are at the same level as the one you are applying for now? If you are applying for a course on the Foundation Skills List, tick not applicable.

Not applicable

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Student Declaration

I (*print your full name*)

In seeking to enrol in

(write the code and full title of the qualification eg. CPP20218 Certificate II in Security Operations)

Declare the following to be true and accurate statements:

- a. I **AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school.
(circle appropriate response)
- b. I **AM / AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program.
(circle appropriate response)
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Skills First Program
- d. I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview or other questionnaire.

Signed: Date:(dd/mm/yyyy)

SECTION C – TRAINING PROVIDER DECLARATION

TO BE COMPLETED BY THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK

Number of courses student is currently eligible for: 0 1 2

Eligibility exemption granted: YES NO

Based on:

- *discussion with the student,*
- *the evidence I have sighted (and retained a copy of) in **Section A**, and*
- *the information provided to me by the student in **Section B** of this form;*

I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s:

(write the code and full title of the qualification/s in which the student is seeking to enrol)

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Clause 2.21 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed Sections A and B and have confirmed they have been completed in full.

Authorised Training Provider delegate:

Name: Position:

Signed: Date: (dd/mm/yyyy)

Notes Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A

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16. REFUND POLICY

ALL REFUNDS INCUR A \$150.00 administration fee for full fee paying students
NO REFUNDS FOR SKILLS FIRST ELIGIBLE STUDENTS.

All Refunds made to Technical Advanced Training will incur an administration fee of \$150 with any refunds to be sent in the form of a Company cheque. Our Refunds policy is subject to the following conditions below:

- If you advise TAT in writing **no less than 3 working days** prior to the commencement of your course we will provide a full refund minus the above administration fee.
- If you have enrolled and paid any course fee via our online service, the above points will apply to any refund request. You will need to apply for a refund in writing and the refund will be sent in the form of a Company cheque. This cheque will be addressed to the name and address listed on the enrolment form.
- Where students have been asked to leave the classroom and not rejoin for behavioural reasons the above refund policy will also apply.
- All units completed and paid for at the time of withdrawal will be recognised via a statement of attainment
- No payments nor refunds will be made to students from any government or third party funding.

NOTE: If TAT cancels a course, a full refund will be issued or you can transfer to another scheduled course.

I understand the refund policy and agree to the terms, and will supply the required request in writing.

Student Signature:

Date (dd/mm/yyyy)

TAT Staff Signature: Date (dd/mm/yyyy)

17. STUDENT ACCEPTANCE AGREEMENT

I declare that the information supplied in this declaration and all documentation supporting it are true and correct to the best of my knowledge.

I understand and agree to the following:

1. It is my responsibility to become familiar with TAT's policies and procedures. I am aware that TAT they are outlined in the student handbook and website.
2. I will advise TAT administration of any change to my address or contact details within 7 days.
3. I have read and understood the student selection and administration policy and procedure and the refund policy located on the TAT website and enrolment form and accept them in their entirety.
4. I agree that part of my course requirements I will participate in class activities, role plays and outside events as per class schedules.
5. I release and hold harmless the Academy, its CEO, staff and agencies in respect to any property loss or personal injury that I may sustain whilst participating in or resulting from attending the Academy or any activities related to my studies however caused.
6. I agree for TAT or its agents to take/utilise photographs/videos for public relations activities.
7. I state that the person witnessing this signature is not related to me in any way.

Student Signature:

Date
(dd/mm/yyyy)

TAT Staff Signature:

Date
(dd/mm/yyyy)

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18. LANGUAGE, LITERACY & NUMERACY ASSESSMENT WAIVER

The instructor advised me I may find it difficult at times during the course. I have also been advised that I will be supported throughout the course if I wish to continue.

NOTE: Many assessments require a 100% pass mark to receive a competent result.

19. STUDENT IN CLASS AGREEMENT

I (student full name) _____ of course number _____ am

a student with Technical Advanced Training. I will attend TAT for the duration of the course/program from the

to

(course start date) (dd/mm/yyyy) (course finish date) (dd/mm/yyyy)

The conditions for which I will agree upon are listed below and I understand that if I breach any condition whilst in training with TAT, I understand that I could be terminated from the course/program and required to leave the academy until further notice. I agree to the following, tick ✓ beside each term which states you understand that term.

- ✓ I will not smoke in the building (anywhere)
- ✓ I will not smoke in front of the building
- ✓ I will not gather around the entry of the building
- ✓ I will treat the toilets with respect so other tenants won't complain
- ✓ I will only use the toilet assigned to TAT
- ✓ I will not use bad language in the building or whilst on the course/program
- ✓ I will not engage in the taking of drugs/alcohol whilst in attendance at class
- ✓ I will not engage in the viewing of pornographic material on student computers
- ✓ I will not behave in a manner that would make another person complain
- ✓ I will treat all TAT staff, students and other tenants in the building with utmost respect
- ✓ I will complete my own work and not copy, cheat or anything else that would be deemed unfair for me to receive an accreditation from TAT
- ✓ I will wear closed toed shoes, full length pants and collared shirt. (no thongs, shorts, singlets or hats.)
- ✓ I will not mistreat TAT or disrespect the company, I will always remain honest whilst enrolled with TAT
- ✓ I understand that if I am 30 minutes or later (9AM) for class I will be sent home.
- ✓ Mobile Phones are to be switched off during class time.

I sign this document in the total understanding that non-compliance could see me removed from the course/program and I further understand that in some cases a report may be lodged with the Licensing Regulation Division or Taxi Services Commission.

RETURN COMPLETED FORM TO:
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

20. PUBLIC LIABILITY WAIVER

Student Full Name:	Course Code:
	Date of Birth: <small>(dd/mm/yyyy)</small>

I understand that I am enrolled in the above Course Code with Technical Advanced Training (T.A.T) that has physical activities that may include Self-defense, role plays, scenarios, activities and/or practical driving.
 I understand that I must not do any act or assist another person in doing any act that may put myself or any other person's health or welfare at risk of harm or danger.
 Due to the nature of the physical activity or practical driving I may be exposed to potential risks of injury.
 If I wish to participate in these activities I must tick **YES** and sign the form below.

I understand that by ticking **YES** and signing this form T.A.T or staff or trainers or contractors or any venue owner, can not be held liable for any injury that I may sustain due to myself or another participants or any other persons accident, mistakes or negligence, which may result in an injury to myself or another person. This includes any form of pain and/or suffering.

Question 1 **YES** **NO**

Do you have any injuries or disabilities that you wish to declare?
 If **YES**, please state in detail what those injuries or disabilities are:

If you do not wish to participate in any physical activities, that may include self defence, role plays, scenarios, activities and/or practical driving at your own risk **YOU MUST TICK NO** in Question (2) BELOW and then sign this form.
 If you would like to participate in physical activities, that may include Self defence, role plays, scenarios, activities and/or practical driving tick **YES** and then sign this form.

Question 2

Yes I wish to participate **No** I do not wish to participate

By signing this form I agree not to hold T.A.T liable for any injury that I may sustain when participating in physical activities that may include self defence, role plays, scenarios, activities and/or practical driving.

(dd/mm/yyyy)

Student full name:	Signature:	Date:
TAT Staff full name:	Signature:	Date:

PLEASE CHECK EVERYTHING BEFORE SUBMITTING

Office Use Only

OFFICE USE ONLY

PROCESSED BY (Staff Name)

SIGN DATE

_____ _____

Office Use ONLY – ENROLMENT Checklist

Enrolment Officer to ensure they have collected certified copies of the following identifications:

- Drivers Licence or Learners Permit
- Green Medicare Card or Valid Passport
- Health Care Concession Card (if they have one)
- Pension Concession Card (if they have one)

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SCHEDULE OF GOVERNMENT SUBSIDISED COURSE TUITION FEES – 2020

COURSE	Indicative Scheduled Hours	FUNDED CONCESSION CARD FEE	Indicative Funded Concession Fee per Scheduled Hour	FUNDED WITH ELIGIBILITY FEE	Indicative Funded Fee per Scheduled Hour	APPROX. VALUE OF GOVERNMENT CONTRIBUTION	FULL FEE	Indicative Full Fee per Scheduled Hour
CPP20218 Certificate II in Security Operations (Unarmed Guard/Crowd Control)	18*8=144	\$50	\$0.35	\$250	\$1.74	\$2,409.55	\$ 1200	\$8.33
CPP31318 Certificate III in Security Operations	12*8=96	\$50	\$0.52	\$250	\$2.60	\$1,261.00	\$ 1200	\$12.50
CPP31318 Certificate III in Security Operations (Control Room Operator)	23*8=184	\$50	\$0.27	\$250	\$1.36	\$2,981.55	\$ 1900	\$10.33
CPP31318 Certificate III in Security Operations (Baton & Handcuffs, Armed Guard, Cash in Transit)	25*8=200	\$50	\$0.25	\$250	\$1.25	\$2,781.35	\$ 2100	\$10.50
CPP31318 Certificate III in Security Operations (Screening)	16*8=128	\$50	\$0.39	\$250	\$1.95	\$2,158.00	\$ 1900	\$14.84
CPP40707 Certificate IV in Security and Risk Management	24*4=96	\$160	\$0.31	\$800	\$1.56	\$3,653.00	\$ 2000	\$20.83
TAE40116 Certificate IV in Training and Assessment	21*4=84	\$160	\$1.90	\$800	\$9.52	\$2,145.00	\$ 3000	\$35.71
CHC30113 Certificate III in Early Childhood Education and Care	188.5	\$30	\$0.16	\$150	\$0.80	\$5,796	\$2,500	\$13.26
CHC50113 Diploma of Early Childhood Education and Care	331.5	\$150	\$0.45	\$150	\$0.45	\$11,148	\$7,000	\$21.12

ADDITIONAL FEES

Administration Fees	\$250(Included in the tuition fee and not refundable)
Certificate Issue following Credit Transfers – Administration Fee	\$250
Certificate Reprinting	\$30 per sheet

The above qualifications are delivered face to face at TAT's approved training locations

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