

ENROLMENT FORM

W: www.thesalesmasters.com.au
E: info@thesalesmasters.com.au
T: 02 9700 9333 F: 02 9700 8988
A: PO Box 638, Rosebery NSW 1445



Qualification/ Course Details:

Face-to-face E-learning Correspondence Distance Learning

Employer Details:

Legal Employer Business Name: _____

Trading Business Name: _____

Employer Address: _____

Post Code: _____

ABN: _____

Employer Contact Name: _____

Employer Email: _____

Employer Phone No.: _____

Employer Fax: _____

Participant Personal Details:

Date of Birth

(DD/MM/YYYY) ____ / ____ / _____

Title (please tick one box only)

Mr. Mrs. Miss. Ms.

Other _____

Gender (please tick one box only)

M F X

Last Name: _____

(Family/Surname)

First Name: _____

Middle Name: _____

Preferred Name: _____

Participant Contact Details

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Current Residential Address (Please write on line above)

Building/Property Name _____

Flat/Unit Number _____

Street Number _____

Street Name _____

Suburb _____

Postcode _____

Postal Address

(Please write on line above, leave blank if same as residential)

PO/Roadside Delivery Box _____

Suburb _____

State/Territory _____

Postcode _____

Participants commencement date of current employment

(DD/MM/YYYY) ____ / ____ / _____

Current Workplace Address (if different than above)

Address: _____

Suburb/Postcode: _____

Emergency Contact Details

Name: _____

Phone number: _____

Relationship to Participant: _____

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes'.)

- No
 Yes, Aboriginal Yes, Torres Strait

Participant Country of Birth

- Australia Other: _____

What is your highest COMPLETED school level?

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent
 Year 8 or below

In which YEAR did you complete that school level? _____

- Never attended school

Are you currently enrolled in secondary school /TAFE/ Traineeship/Apprenticeship? No Yes

If yes which of the following applies:

- School Based Apprenticeship or Training contract
 Apprenticeship or Traineeship

Have you SUCCESSFULLY completed any of the following qualifications in AUSTRALIA/NZ?

(tick any applicable boxes)

- Bachelor Degree or Higher Degree level
 Advanced Diploma or Associate Degree level
 Diploma Certificate IV Certificate III
 Certificate II Certificate I
 No post school qualifications

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

- Full-time employee Part-time employee
 Employed – unpaid Self-employed
 Unemployed seeking work Employer

Resident Type

- Australian Citizen
 Permanent Australian Resident
 New Zealand Citizen living in Australia 6 months or more
 Visa What type of visa? _____

Do you speak a language other than English at home?

(If more than one language, what language is spoken most often)

- No, English only Yes, we also speak _____

How well do you speak English?

- Very well Well Not well Not at all

Are you of the opinion that you have a language, literacy or numeracy issue, disability impairment or long term condition which may affect your progression throughout the program?

If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

No Yes

- Hearing/Deaf Vision Numeracy
 Physical Language Learning
 Intellectual Literacy Medical Condition
 Brain Impairment Mental Illness
 Other _____

Your major reason for study?

- Seeking work Develop existing business
 Start my own business Try for a different career
 Get a better job/ promotion Requirement for my job
 Want extra skills for my job Personal/self-development
 Get into another course of study Other _____

Do you have a USI? (Unique Participant identification)

Yes, it is _____ Not Applicable

Are you applying for assessment only? No Yes

Are you applying for RPL? No Yes

Are you seeking fee exemption or concession?

(Please refer to our Fee Administration Policy on our website

www.thesalesmasters.com.au) No Yes

Are you a client of an Employment Service Provider (ESP)?

No Yes

What is the ESP's name? _____

What is your Participant ID? _____

Did your ESP refer you to the training? No Yes

What is your referral ID? _____

Privacy Notice and Applicant Declaration: The information provided by you in this application form is collected by Australian Salesmasters Training Co (ASTC) P/L and will be used for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in an ASTC course. I consent to ASTC obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to ASTC Privacy Policy on website for further information. By completing and signing this form I understand and will adhere to ASTC's and the NSW Department of Education and Training policies.

Authority to View Documents: While you are undertaking your training program, there will be times when ASTC P/L and/or its training representative, needs to discuss your situation with others. This could be with your workplace supervisor/colleague, employer, workplace trainer, or Department of Education and Training. As part of our work there will also be a need to examine workplace samples to help assess your work against the training program requirements. Information may also be used by the Department of Education and Training for research, statistical analysis, program evaluation, post completion surveys, and internal management processes. Please be assured that any discussion held with these representatives will be for the purpose of your assessment and for your development. During the process we do not plan to discuss your evidence or work practices with other participants, unless we have your written permission to do so. You and your employer are required to give permission in writing for any of these discussions or viewing of evidences to occur and for samples of evidence and participant file information to be shared with ASTC P/L, as the Registered Training Organisation responsible for the training contract, or the Department of Education and Training.

ASTC does not accept payment of more than \$1000 a student prior to qualification/course commencement. Following commencement, where ASTC requires payment of additional fees in advance from the student, at any given time, the total amount does not exceed \$1,500

Participants may cancel their enrolment within three days of the course commencing. ASTC will refund any paid fee minus an \$20 administration fee. Transfers between courses within three days of the course commencing will incur an \$20 administration fee. If ASTC does not receive notice of non-attendance at least the day prior to the course commencing (or Friday for a Sunday course), during business hours, the full fee will be non-refundable and there will be no transfers. A participant is not eligible for a refund after their course begins. In certain circumstances, credit to a later course may be available.

Participant Declaration: By completing this form I give permission for a ASTC Representative to discuss my training program development and evidences with my employer, supervisor, or Department of Education and Training.

- I confirm:**
- I have completed a pre-training review, course induction over the phone or face to face and have contributed to the development of this document.
 - I am aware of my responsibility to ensure that this document and its ongoing development is implemented and monitored over the duration of the course.
 - That all details provides on this enrolment form are true and correct.
 - That I have obtained a copy of ASTC Participant Handbook from the ASTC administration or the ASTC website www.thesalesmasters.com.au
 - That I have read the ASTC Participant Handbook and understand my rights and obligations with respect to access and equity, privacy, access to records, payments of fees and refunds, course cancellation, and complaints and appeals.
 - That I have been provided with adequate information about the course in which I am enrolling to enable me to make an informed choice.

- I agree to:**
- Abide by the policies and procedures of the Registered Training Organisation as detailed in the ASTC Participant Handbook.
 - Provide information to ASTC prior to enrolment as requested to identify where special consideration of the learning and assessment process and support may be required to complete the course which I am undertaking.
 - Advise ASTC of any issue (e.g. medical) that could affect my ability to complete the course in which I am enrolling.
 - Conduct myself in a professional manner and respect ASTC staff and its clients.
 - Complete and submit all assessments in accordance with the course requirements and ASTC policies and procedures for assessments.
 - Pay all course fees when due, where applicable.

Participant's Signature: _____ **Date:** _____

<p>EMPLOYER REPRESENTATIVE SIGN-OFF:</p> <p>I confirm:</p> <ul style="list-style-type: none"> • That this workplace has the necessary equipment, resources and appropriate qualified/experienced staff to support the on-the-job training of the participant qualification shown in this enrolment. • That I have received a copy of the supervisors guide and I understand my role as a supervisor <p>Signature: _____ Date: _____</p> <p>Name: _____</p> <p>Position: _____</p>	<p>RTO REPRESENTATIVE SIGN-OFF:</p> <p>I confirm:</p> <ul style="list-style-type: none"> • That this employer has the necessary staff, equipment and resources to support on-the-job training for the Unit of Competency listed in the training plan. • That from my observation of the workplace it conforms with the requirements of the WHS Safety Act. • That I have given and explained a copy of a supervisors hand guide to the workplace supervisor <p>Signature: _____ Date: _____</p> <p>Name: _____</p> <p>Position: _____</p>
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Schedule 2:
Consent Wording



CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I _____
(First, Middle and Last Name)

of _____
(current residential address)

With date of birth _____

Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as any information I provide as part of my enquiries or enrolment application including my name, student identifier, date of birth, contact details, training outcomes and performance and sensitive personal information, such as health information (together **Personal Information**) collected by **Australian Salesmasters Training Company** may be disclosed to the Department of Education and Communities (**Department**).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by mail, telephone, email or post during or after I have ceased subsidised training with **Australian Salesmasters Training Company** for the purpose of evaluating and assessing Smart and Skilled.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: ____ / ____ / ____
(Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required)

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: ____ / ____ / ____

I give permission for the VET Coordinator from The Australian Salesmasters Training Co (RTO #6854) to make an application on my behalf to register to obtain a U.S.I. (Unique Student Number)

STUDENT NAME: _____ DATE: _____

STUDENT SIGNATURE: _____

I agree to provide the following details:

FULL NAME: _____

DATE OF BIRTH: (day) _____ (month) _____ (year) _____

HOME ADDRESS:

Flat/Unit Number

Street Number

Street Name

Suburb

State

Postcode

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

PASSPORT OR AUSTRALIAN BIRTH CERTIFICATE NUMBER:

Passport No: _____ Birth Certificate: _____

OR

MEDICARE NO: (plus number on card relating to student): _____ / _____

INFORMATION REGARDING Unique Student Identifier Number

In 2015 students participating in nationally recognised accredited training will require a Unique Student Identifier (USI). The USI will provide students with the ability to obtain a complete record of their Vocational Education and Training (VET) enrolments and achievements from a single online source. Students often need to provide evidence of their academic achievements, for example when applying for a job or to undertake further study. The USI enables students to obtain a full transcript of all of the accredited VET training they have undertaken from the time the USI comes into effect, or an extract of it that shows the particular achievements they want it to. A student must provide their USI to their training provider before the person can receive a statement of attainment or qualification. While students can apply for their own USI, their RTO can also apply on behalf of students with the student's permission. Suggested forms of ID for students would be a Medicare number, Australian Birth Certificate or Citizenship Certificate.

Further information about the USI will be provided by your school's VET Coordinator and is also available at: www.industry.gov.au/skills/RegulationofVET