



STUDENT ENROLMENT FORM

Suite 1/6 Mcfarlane St, Merrylands NSW 2160
 P: 02 8090 1614 M: 0425 200 789
 National Provider # 40536

Please tick a Course Name			
Business			
BSB41415 Certificate IV in Work Health and Safety..... <input type="checkbox"/>			
Other Course: <input type="text"/>			
PERSONAL DETAILS			
Title:	First Name:	Middle Name:	Last Name:
Name as it should appear on the Certificate Please write clearly as any error made due to misinterpretation or your writing may attract an Administration Fee of \$50.00 for reissue			
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	USI:
Company Name if required for invoicing:			
RESIDENTIAL/COMPANY ADDRESS			
No and Street:		Suburb:	
State:	Post Code:	Country:	
POSTAL ADDRESS			
As Above <input type="checkbox"/>			
Address if different			
CONTACT DETAILS			
Phone (H)	Phone (W)	Mobile	
Fax (H)	Fax (W)	Email	
OTHER DETAILS			
In which country were you born:			
What is your main language other than English spoken at home?			
How well do you speak English? Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>			
Are you of Aboriginal origin? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you of Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EDUCATION BACKGROUND			
In what year did you complete High School?		Highest Level Completed at school?	
Have you completed tertiary studies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, at what level? Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III or Trade Certificate <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/>			
Associate Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/>			
DISABILITY/SPECIAL NEEDS			
Do you consider yourself to have a disability, impairment or long-term condition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/>			
Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> Please specify -			
Would you like additional support with any special needs (literacy, numeracy, physical)? This information is confidential and is only used as a means to provide the best support possible to suit your individual needs.			
*Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes the CEO or his elected representative will contact you			

Thank you for choosing Hazid Resourcing Pty Ptd. We look forward to working with you!

EMPLOYMENT DETAILS

Name:	Mobile:	Job role:
Employment Status:		
full time..... <input type="checkbox"/>	part time..... <input type="checkbox"/>	self-employed..... <input type="checkbox"/>
..... <input type="checkbox"/>	unpaid worker – family business..... <input type="checkbox"/>	casual..... <input type="checkbox"/>
seeking part-time work..... <input type="checkbox"/>	unemployed – seeking full-time work..... <input type="checkbox"/>	employer..... <input type="checkbox"/>
not seeking employment..... <input type="checkbox"/>		

STUDY REASONS

Tick one box only which best describes your main reason for this course?

To get a job..... <input type="checkbox"/>	To develop my existing business..... <input type="checkbox"/>	To start my own business..... <input type="checkbox"/>
Different Career..... <input type="checkbox"/>	To get better job or promotion..... <input type="checkbox"/>	Requirement for my job..... <input type="checkbox"/>
Extra skills for my job..... <input type="checkbox"/>	Get into another course of study..... <input type="checkbox"/>	Personal interest or self-development..... <input type="checkbox"/>
Other reasons..... <input type="checkbox"/>		

DO YOU WISH TO APPLY FOR RPL (RECOGNITION OF PRIOR LEARNING)

*Yes No

* if you have ticked yes, we will contact you to make an appointment to discuss your training plan with a staff member

PLEASE INCLUDE ANY ADDITIONAL INFORMATION ABOUT YOURSELF THAT COULD IMPACT ON YOUR STUDIES

Would you like additional support with any special needs (literacy, numeracy, physical)? This information is confidential and is only used as a means to provide the best support possible to suit your individual needs. Yes No

If you have ticked yes, please provide a brief description of the sort of support would best suit your individual needs

Hazid Resourcing is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.

FEES AND REFUNDS COURSE CHANGES, CANCELLATIONS, TRANSFERS

Fees are levied on all of Hazid Resourcing programs. These fees are inclusive of course development, course notes, handouts, and delivery. Fees are payable at the time of enrolment. On receipt of the enrolment form and payment of fees, a Tax Invoice marked "PAID" will be issued and forwarded to the Company or participant for record purposes. Payment of fees by instalment may be considered on an individual basis.

Cancellations must be notified to the Chief Executive Officer in writing, and refunds must be authorised by the Chief Executive Officer. Cancellations received less than 10 (ten) working days prior to the commencement of the course will not be accepted. Exceptional circumstances will be considered on a case by case basis. In all other instances the participant or employer must pay the full cost of the course and fees will not be refunded or allocated to another program. Approved appropriate substitute delegates are welcome to attend at no additional cost. Cancellations that occur more than 10 (ten) working days prior to the commencement of the course, will be charged a cancellation fee of 50% of course cost. Substitute delegates are welcome to attend at no additional cost.

Non-attendance: If a participant fails to attend a course, the fees associated with the course will not be refunded or allocated to another program. The participant/organisation must still pay for the full cost of the course.

Hazid Resourcing reserves the right to postpone or re-schedule courses due to low enrolment or unforeseen circumstances. Hazid Resourcing reserves the right to change fees, dates, speakers or methods of presentation at its discretion. Hazid Resourcing guarantees that when a student has been accepted and all fees are paid, their training will be finalised by our organisation unless the student wishes to cancel.

GENERAL

Where our training programs have a limited number of places available, these will be filled in order of completed bookings. Pre-enrolment information provided to students is designed to ensure that all details relating to fees and charges are known prior to enrolment. A non-refundable deposit of 20% of the total enrolment fee is payable on enrolment to any program or partial program.

The balance of the program fees are to be paid in full as per payment schedule.

Should circumstances prevent an enrolled client from attending after they have paid for their program, the non-refundable component will be retained by Hazid Resourcing to cover administration costs. The balance of the remaining fees paid will be refunded providing the client advises of their non-attendance no less than ten (10) working days prior to course commencement. Clients who have commenced training and no longer wish to continue with their training program will forfeit their 20% deposit and will be refunded 50% of the remaining fees calculated on a pro rata basis.

DECLARATION

I acknowledge that I am entering into an agreement with Hazid Resourcing and that each has a role to ensure a positive outcome. Hazid Resourcing hereby agrees to provide the training, assessment and resources necessary for me to achieve this qualification and I acknowledge my role and responsibility in this agreement.

I acknowledge that I have read and understood the information provided. I confirm that the information provided by me is true and correct. I have been offered the opportunity for Recognition of Prior of Learning relating to this course and agree to the conditions set out previously. I understand that information contained in these forms may be provided to State and Commonwealth Agencies and Research Organisations and I consent to that occurring.

Student Name Signed: Date: