



Australian Regional Training Services



National Provider No: 31837

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ENROLMENT FORM – BSB30415

PERSONAL DETAILS

USI:											Verified / by:	<input type="checkbox"/>
Surname							Phone					
Given Names							Mobile					
Title	Miss	Mrs	Ms	Mr	Dr		Email					
Address							Postal Address					
				P/code							P/code	
Date of Birth					Age		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
Town/City of Birth												

COURSE DETAILS

Course Code:	BSB30415	Course Name:	Certificate III in Business Administration
Start Date		Finish Date	

CORE UNITS

Selection	Unit No:	Unit Title:
<input type="checkbox"/>	BSBWHS201	Contribute to Health and Safety to Self and Others
<input type="checkbox"/>	BSBITU307	Develop Keyboard Speed and Accuracy

ELECTIVE UNITS

Selection	Unit No:	Unit Title:
<input type="checkbox"/>	BSBWOR301	Organise Personal Work Priorities and Development
<input type="checkbox"/>	BSBINM301	Organise Workplace Information
<input type="checkbox"/>	BSBADM307	Organise Schedules
<input type="checkbox"/>	BSBITU303	Design and Produce Text Documents
<input type="checkbox"/>	BSBITU309	Produce Desktop Published Documents
<input type="checkbox"/>	BSBWOR204	Use Business Technology
<input type="checkbox"/>	BSBITU202	Create and Use Spreadsheets
<input type="checkbox"/>	BSBITU304	Produce Spreadsheets
<input type="checkbox"/>	BSBWRT301	Write Simple Documents
<input type="checkbox"/>	BSBITU302	Create Electronic Presentations
<input type="checkbox"/>	BSBITU306	Design and Produce Business Documents

CULTURAL AND LANGUAGE DIVERSITY										
Were you born in Australia		<input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Birth, if not Australia						
Permanent Resident of Australia		<input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your nationality?						
Language spoken at home										
Are you:		<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Both Aboriginal and TSI		<input type="checkbox"/> N/A		
Do you require assessment for Literacy and Numeracy?		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
EMPLOYMENT STATUS										
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Self-Employed–no staff			<input type="checkbox"/> Unemployed – seeking full time work					
<input type="checkbox"/> Part-Time		<input type="checkbox"/> Employer			<input type="checkbox"/> Unemployed – seeking part time work					
		<input type="checkbox"/> Employed – unpaid								
Position Held/Job Role										
Organisation's Name										
Employer's Name				Address						
Phone						P/code				
Mobile				Email						
Reason for qualification <i>Please circle/highlight ONE only</i>		1 To get a job			6 It was a requirement of my job					
		2 To develop my existing business			7 I wanted extra skills for my job					
		3 To start my own business			8 To get into a course or study					
		4 To try for a different career			11 Other reasons					
		5 To get a better job or promotion			12 For personal interest or self-development					
PREVIOUS EDUCATION										
Are you still attending school		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
If Yes , what Grade				Name of school						
If No , Highest School Level completed:						Year completed				
Other qualifications:										
WHO IS PAYING?										
<input type="checkbox"/> Self		<input type="checkbox"/> Employer		<input type="checkbox"/> Other						
Do you require a tax invoice		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Employer					Contact name					
Email					Phone No.					
Payment by		<input type="checkbox"/> Credit card		<input type="checkbox"/> EFT		<input type="checkbox"/> Cash		<input type="checkbox"/> Purchase Order		
						Purchase order No:				
PAYMENT ADVICE										
Credit card		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa						
		Name on Card					Expiry Date			
		Card Number								

Signature		CVN Number	
Date for processing:			
DISABILITY / MEDICAL INFORMATION			
Do you consider yourself to have a disability, impairment or long-term condition? <i>If Yes, tick more than one if applicable.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing/Deaf	<input type="checkbox"/> Yes	Acquired Brain Impairment	<input type="checkbox"/> Yes
Vision	<input type="checkbox"/> Yes	Medical Condition	<input type="checkbox"/> Yes
Physical	<input type="checkbox"/> Yes	Intellectual	<input type="checkbox"/> Yes
Mental Illness	<input type="checkbox"/> Yes	Other:	<input type="checkbox"/> Yes
<i>Please give details of medical conditions/allergies that we should be aware of:</i>			
ACKNOWLEDGEMENTS			
If there anything that you consider may prevent you from progressing through the program e.g. physical, cultural, educational etc. Please contact Manager for personal interview.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I have the right to apply for RPL/RCC or Assessment Only.			<input type="checkbox"/> Yes
I have been given access to the Course information			<input type="checkbox"/> Yes
I have supplied my resume - minimum requirement is most recent job description and responsibilities.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have supplied my photo ID eg Drivers Licence.			<input type="checkbox"/> Yes
I give ARTS permission to verify any information/certificates submitted as evidence. If at any time a document is proven false or misleading , the award given will be rescinded.			<input type="checkbox"/> Yes
I give ARTS permission to contact me in matters relating to this program and future updates.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge, that if I am issued a Statement of Attainment and/or Certificate, I will not hold ARTS liable for any decisions or actions I may make/take thereafter.			<input type="checkbox"/> Yes
I give ARTS permission to check my USI in relation to this course.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Statement and Student Declaration

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

I understand that my RTO [insert RTO name] is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor.

NB: You may opt out of the survey at the time of being contacted.

I declare that assessments completed are my own work.

ARTS will hold my certificate until fees have been paid in full.

Replacement of certificates and/or statements of attainment will incur a fee and **no copies will be emailed**.

Disclaimer

The information contained within ARTS documents has been developed to assist the facilitator in presenting the program and the assessor to gather evidence regarding the competency of their students.

Although the information presented in ARTS documents is accurate to the best of our knowledge, ARTS cannot guarantee that every aspect is without flaw of any kind.

Therefore, ARTS disclaim all liability for any errors, or for any loss or other consequences resulting from any individual relying on, or acting upon, any information provided by ARTS.

When ARTS issues a certificate and/or Statement of Attainment, ARTS can only guarantee that the student is competent at the time of assessment.

*BY SIGNING THIS DOCUMENT, I HAVE ENTERED INTO AN AGREEMENT WITH ARTS
AND I UNDERSTAND THE RESPONSIBILITIES OF BOTH PARTIES*

Student Signature:		Date:	DD	MM	Year
					2018
Parent/Guardian* Signature:		Date:			2018

**Parental/guardian consent is required for all students under the age of 18.*

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Do not complete if included in your supplied résumé

STUDENT EMPLOYMENT HISTORY					
	Organisation	Period of Employment	Position Held	Full / Part Time	Duties
1					
2					
3					