



Australian Regional Training Services



National Provider No: 31837

ABN 20 439 596 165

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Mobile: 0411 716 653 Email: paul@arts.edu.au

ENROLMENT FORM

PERSONAL DETAILS

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

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 Please circle/highlight ONE only	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									
COURSE DETAILS									
Course Code:		BSB30415		Course Name:		Certificate III in Business Administration			
Start Date				Finish Date					
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	<input type="checkbox"/> No
I have been given access to the Course information								<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> No
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 give ARTS permission to utilise my assessment/s [evidence] for validation purposes.								<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	<input type="checkbox"/> No
I give ARTS permission to check my USI in relation to this course.								<input type="checkbox"/> Yes	<input type="checkbox"/> No

TAE40110 Units**CORE UNITS**

	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

DISABILITY / MEDICAL INFORMATION

Do you consider yourself to have a disability, impairment or long-term condition?

If **Yes**, tick more than one if applicable.

☐ Yes

☐ No

Hearing/Deaf

☐ Yes

☐ No

Acquired Brain Impairment

☐ Yes

☐ No

Vision

☐ Yes

☐ No

Medical Condition

☐ Yes

☐ No

Physical

☐ Yes

☐ No

Intellectual

☐ Yes

☐ No

Mental Illness

☐ Yes

☐ No

Other:

☐ Yes

☐ No

Please give details of medical conditions/allergies that we should be aware of:

Do not complete if included in your supplied résumé

APPLICANT EMPLOYMENT HISTORY					
EMPLOYER		Period of Employment	Position Held	Full / Part Time	Duties
1					
2					
3					

NB Information collected from this form will only be used for government reporting and compliance matters. ARTS will not disclose any information collected from this form to any third party without the Student's written permission.

I state 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

Signature:		Date:	/ /2017
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