

Australian Regional Training Services



National Provider No: 31837

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			R	PL.	APPLI	CATIO	N FORM	1 – BS	B3041	5					
PERSONAL D	ETAILS														
USI:							Verified /	by:							
Surname							Phone								
Given Names							Mobile								
Title I		Miss	Mrs	Ms	Mr	Dr	Email								
Address							Postal								
Addiess		F			P/code		Address				P/code				
Date of Birth						Age		Gender	☐ Male	☐ Female	☐ Oth	er			
Town/City of	Birth														
Course Det			1												
Course Code	e: 		BSB304	15	Course	Name:			siness Admi	nistration					
Start Date							Finish	Date							
CORE UNITS	Selec	tion	Unit No:		Unit Tit	le:									
		☐ BSBW		S201	Contribute to Health and Safety to Self and Others										
			BSBITU307		Develor	Develop Keyboard Speed and Accuracy									
El comic Unito					·	,	·	,							
ELECTIVE UNITS	Sele	ection Unit No:		Unit Tit	Unit Title:										
	[BSBWOR301		Organis	Organise Personal Work Priorities and Development									
	[BSBINM	301	Organis	se Workpla	ace Informatio	n							
	[BSBADM	1307	Organis	se Schedu	lles								
	[BSBITU3	803	Design	Design and Produce Text Documents									
	[BSBITU3	809	Produc	e Desktop	Published Do	cuments							
	[BSBWOF	R204	Use Bu	siness Te	chnology								
	[BSBITU2	202	Create	and Use S	Spreadsheets								
	[BSBITU3	304	Produc	e Spreads	heets								
☐ BSBWRT301 Write Simple Documents															
☐ BSBITU3				302	Create	Create Electronic Presentations									
	BSBITU3	306	Design and Produce Business Documents												

CULTURAL AND LANGUAGE DIVERSITY															
Were you born in Australia			Yes		No	Cou	ntry of Birtl	h, if n	not Aus	tralia					
Permanent Resident of Australia			Yes		No	If no	If not, what is your nationality?								
Language spoken at home															
Are you:				☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and TSI ☐ N/A							□ N/A				
Do you require assessment for Literacy and Numeracy?				□ Yes □ No											
EMPLOYMENT STATUS															
☐ Full-Time				☐ Self-Employed–no staff							│ □ ∪	Jnemployed – see	king full tim	e work	
☐ Part-Time				☐ Em	ıployeı	r					☐ Unemployed – seeking part time work				
				☐ Emp	oloyed	d – unpai	id								
Position Held/Job Rol	le														
Organisation's Name															
Employer's Name								444000							
Phone							A	Address					P/code		
Mobile								Email							
Reason for qualification 1 To		To ge	o get a job						6	It was a requirement of my job					
Please circle/highlight ONE only	t	2	To de	develop my existing business					7	I wanted extra skills for my job					
Í		3	To sta	art my ov	vn bus	siness				8	To get into a course or study				
4		4	To try for a different career							11	Other reasons				
		5	To ge	o get a better job or promotion						12	For personal interest or self-development				
PREVIOUS EDUCATION															
Are you still attending	schoo	l		☐ Yes ☐ No											
If Yes, what Grade					N	ame of s	chool								
If No , Highest School completed:	Level														
Other qualifications:													Year completed		
										comp					
										leted					
WHO IS PAYING?															
☐ Self ☐ Employer			er	☐ Other											
Do you require a tax invoice															
Employer									C	Contact name					
Email									PI	hone N	0.				
Payment by			☐ Credit card ☐ EFT					☐ Ca:	eh			Purchase Order			
Payment by			alu	ırd 📗 EFT				☐ Cash			Purc	hase order No:			

PAYMENT ADVICE									
	☐ MasterCard		□ Visa						
Credit card	Name on Card			Expiry Date					
	Card Number								
	Signature	ture CVN Number							
Date for processing:									
ACKNOWLEDGEMENTS	3								
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.						□ No			
I have been given ac	☐ Yes								
I have supplied my	☐ Yes	□ No							
I have supplied my	☐ Yes								
I give ARTS permiss proven false or mis	☐ Yes								
I give ARTS permiss	☐ Yes	□ No							
I acknowledge, that i decisions or actions	☐ Yes								
I give ARTS permiss	☐ Yes	□ 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

		DD	MM	Year
Student Signature:	Date:			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										