

# Registration Form

Student Details:			
Title:	First Name:	Surname:	
Date of Birth: / /	Gender:	Other Names:	
Address Details:		Contact Details: (Please select preferred)	
Street Address:		Home:	<input type="checkbox"/>
Suburb:		Work:	<input type="checkbox"/>
State:	Postcode:	Mobile:	<input type="checkbox"/>
Postal Address:		Email:	<input type="checkbox"/>
Emergency Contact:			
Name:		Relationship:	Contact:

Course Details:		
Course Name:		Qualification Code:
Start Date: / /	End Date: / /	Mode of Delivery:

Language:	
Do you speak a language other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	How well do you speak English? Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not spoken <input type="checkbox"/>
If yes, please specify:	Will you need assistance with English? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment:	
Of the following options, please tick which best describes your current employment status:	
<input type="checkbox"/> Full time employee (more than 30 hours per week)	<input type="checkbox"/> Part time employee (less than 30 hours per week)
<input type="checkbox"/> Self employed (no employees)	<input type="checkbox"/> Employer
<input type="checkbox"/> Unemployed (seeking full time work)	<input type="checkbox"/> Unemployed (seeking part time work)
<input type="checkbox"/> Employed (unpaid family work)	<input type="checkbox"/> Unemployed

Education Details:	
What is your highest completed school level? Year 9 or below <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/>	Year completed?
Since leaving school have you completed any qualifications? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Statement of Attainment	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Advanced Diploma/Associate Degree	<input type="checkbox"/> Bachelor Degree or higher
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Diploma
Where did you complete the qualification?	Year completed:

Disability/Medical Details:	
Do you consider yourself to have a permanent and significant disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Do you require special assistance because of this disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Do you consider yourself to have a medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Do you require special assistance because of this medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:

Aboriginal / Torres Strait Islander:	
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"/>
Were you born in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please specify:

Citizenship / Student Declaration:	
I am:	<input type="checkbox"/> An Australian Citizen
	<input type="checkbox"/> An Australian Permanent Resident
	<input type="checkbox"/> None of the above - Please specify:
	<input type="checkbox"/> A New Zealand Citizen
	<input type="checkbox"/> A Temporary Resident

Employer Details:			
Company Trading Name:		ABN:	
Street Address:	Suburb:	State:	Postcode:
Phone:	Email:	Web:	

### Privacy Policy:

Austraining Business Institute is committed to complying with the 10 National Privacy Principles documented in the Federal Privacy Amendment (Private Sector) Act 2000

Austraining Business Institute will:

- only collect information necessary to provide quality products and services to stakeholders. It will be collected in an open and ethical manner.
- make aware the need for accurate complete and up-to-date records to staff and implement good record management practices.
- Ensure information gathered will be used only for the purpose for which it was gathered and will be access protected and secured against misuse and mishap.
- only disclose client information to authorities such as State Training Authorities for the purpose of statistical and auditing processing.

Austraining Business Institute respects the right of the individual to have personal information dealt with according to the National Privacy Principles. It is an expectation of the company that all Austraining Business Institute staff and consultants will communicate the company's intent, documented in the policy statement to all stakeholders.

### Refund/Cancellation Policy:

1. Any administrative fees will be refunded to students only in the case of provider (ABI) default. The administration fee will not be refunded under any other circumstances. The payment of full tuition fees is required prior to the first day of training.
2. Tuition fees will be refunded only in the following circumstances: provider default – a provider defaults when:
  - a. the course does not start on the agreed starting day; or
  - b. the course ceases to be provided at any time after it starts but before it is completed; or
  - c. the student has not withdrawn before the default day.

In the case of provider default, refunds will be made within two weeks after the default day and ABI will give the student a statement that explains how the amount has been worked out; or

- a. ABI will issue a full refund of course fees paid if the participant/client informs of course withdrawal in writing at least 10 working days before the commencement of the training.
    - ABI will retain 50% of the course fees paid if participant/client informs of course withdrawal **between** 5 and 10 working days before the commencement of training.
  - b. Distance learners must provide written notice of cancellation of enrolment prior to the issuance of the learning and assessment materials.
3. Tuition fees will **not** be refunded if:
    - the student/client cancels the enrolment less than 5 working days prior to the commencement of that course.
    - the student/client withdraws from the course after the commencement of the first day of training
    - the student does not start on the agreed starting date; or
    - the student withdraws from the course before completion
    - distance learners have been issued learning and assessment materials
    - trainee/existing worker trainee withdraws from traineeship program after the commencement date.
  4. Should a student become seriously ill or suffer exceptional circumstances of a compassionate nature (such as death or severe illness in the immediate family) and can no longer continue their study, ABI may refund the balance of unused fees. This fee refund is wholly at the discretion of ABI. Appropriate evidence, such as a medical certificate, will be required.
  5. If there is a refund to be made, ABI will pay the amount within four weeks after receiving a written claim from the student. This timeframe does not apply to refunds associated with provider default. Please refer to item 2 of this policy to see the timeframe for refunds in case of provider default.
  6. Refunds will only be given to the person who paid the fees. Therefore, if the employer of the student paid the fees the refund will go to the employer.
  7. This Agreement does not remove the right to take further action under Australia's consumer protection laws.
  8. ABI's dispute resolution processes Student/Client Complaints and Grievance Policy and Procedure MRPOL028 do not restrict the student's right to pursue other legal remedies.

### Declaration:

I, \_\_\_\_\_ apply for admission to Austraining Business Institute, and declare:

(Please Print Name)

- a. I must comply with the rules of Austraining Business Institute
- b. I have read, understood and agree to the Refund/Cancellation Policy
- c. The information I have provided is true and correct to the best of my knowledge
- d. I understand that my personal details will be collected for the purpose of student records required by NSW training legislation and will not be sold to any party. These details will also be collected by State and Federal Government bodies for the planning of national training initiatives. I can access my records by written request.

Student Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

ABI Representative: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

### Fees:

Total cost of course: \$ \_\_\_\_\_ Cost to be paid by: Student  Employer  Other

### Payment Arrangements:

I agree to pay the full cost as stated above prior to the commencement of this course.

OR

I agree to pay the cost stated above as per payment plan created and attached.

Payee Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

### Office Use ONLY:

ABI Course Code: \_\_\_\_\_ ABI Student Number: \_\_\_\_\_

GOVERNMENT FUNDED

Applicant Name: \_\_\_\_\_

New Entrant Traineeship       Other Government Funded (specify) \_\_\_\_\_

**Employment Details:**

Are you employed through a Group Training Organisation?    Yes     No

**Group Training Organisation Details:**

**Workplace Details:**

Trading Name:		Trading Name:	
Legal Name:		Legal Name:	
ABN:	Number of Employees:	ABN:	Number of Employees:
Street Address:		Street Address:	
Suburb:	State:	Postcode:	Suburb:
Postal Address:		Postal Address:	
Suburb:	State:	Postcode:	Suburb:
Phone:	Fax:	Phone:	Fax:
Email:	Web:	Email:	Web:
Supervisor:	Contact:	Supervisor:	Contact:

**Administration Fee:**

**Mandatory Administration Fee:**

It is a requirement of the Department of Education and Training that Austraining Business Institute charge a mandatory administration fee for any training or qualification provided under a Government funded program that commences on or after 1<sup>st</sup> January 2010. This administration fee is payable for every year of enrolment. This fee will be invoiced to the below selected payee.

Listed below are eligibilities for a concession or exemption of the administration fee. If applicable, please tick which applies to you and supply any required supporting evidence.

**Concession:**

Students who receive one or more eligible Commonwealth benefits or allowances at the time of their enrolment may be eligible to pay a concession fee rather than the full fee. Eligible benefits include:

- |  |   |
|--|---|
| <input type="checkbox"/> Age Pension                                 | <input type="checkbox"/> Austudy (including Veteran's Children Education Scheme)  |
| <input type="checkbox"/> Carer Payment                               | <input type="checkbox"/> Disability Support Pension (second or subsequent course enrolment per year, first enrolment is exempt) |
| <input type="checkbox"/> Exceptional Circumstances Relief Payment    | <input type="checkbox"/> Family Tax Benefit Part A (maximum rate)   |
| <input type="checkbox"/> Farm Help Income Support                    | <input type="checkbox"/> Mature Age Allowance   |
| <input type="checkbox"/> Newstart Allowance                          | <input type="checkbox"/> Parenting Payment (Single)   |
| <input type="checkbox"/> Sickness Allowance                          | <input type="checkbox"/> Special Benefit  |
| <input type="checkbox"/> Veterans' Affairs Payments                  | <input type="checkbox"/> Widow Allowance  |
| <input type="checkbox"/> Widow Pension (including Widow 'B' Pension) | <input type="checkbox"/> Wife Pension   |
| <input type="checkbox"/> Youth Allowance                             |   |

**Exemption:**

- Australian Aboriginal and Torres Strait Islander students are exempt from paying the administration fee.
- Students who receive a disability support pension and students with a disability (clients of a Teacher/Consultant for students with a disability) are exempt from paying the fee for one course enrolment per year (and are eligible for a concession fee for each subsequent course enrolment in that year)

**Confirmation of Administration Fee Payment:**

Concession/Exemption supporting evidence attached?    Yes     No     N/A

Total Fee (per year of enrolment): \$ \_\_\_\_\_    Fee to be paid by:    Student     Employer

I, \_\_\_\_\_ acknowledge and accept:  
(Please Print Name)

- a. I am required to pay the mandatory administration fee
- b. I am required to pay the mandatory administration fee per year of enrolment
- c. I must provide evidence, where applicable, to support a claim for the concessional rate or exemption of the administration fee

Payee Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

**Existing Worker Traineeship Fee:**

Total Fee: \$ \_\_\_\_\_

Fee to be paid by: Student  Employer **Payment Arrangements:**I, \_\_\_\_\_ acknowledge and accept:  
(Please Print Name)

- a. Funding is not provided for training under the Existing Worker Traineeship program  
 b. I am required to pay the total cost as stated above

Payee Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Circumstances: (Not Applicable for Traineeships)**

I am a Job Seeker who is:

- Registered with an Employment Service Provider. Job Seeker Number: \_\_\_\_\_  
 An Income Support recipient who is not currently required to meet activity test or participation requirements  
 A participant in the Community Development Employment Projects scheme  
 Not currently working and seeking, or intending to seek, paid employment or self employment after completing training  
 A participant in the Commonwealth's Access Program  
 Not working and participating in volunteering activities

I am an existing worker who is:

- Over 20 years of age and have been in paid employment for more than 1 hour per week  
 Between 15 to 19 years of age and not formally enrolled in school and have been in paid employment for more than 15 hours per week

**Declaration:**I, \_\_\_\_\_ acknowledge and confirm the following:  
(Please Print Name)

- a. I am not enrolled in secondary or other tertiary education and training  
 b. I am an Australian citizen, permanent resident or Humanitarian Refugee  
 c. I am a New South Wales resident and/or work in New South Wales

Student Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)ABI Representative: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)**Referral Pathway:**

- Self  Employer  Job Service Provider  ISC  State Training  Other

**Office Use ONLY:****Traineeships:**

ABI Course Code: \_\_\_\_\_ ABI Student Number: \_\_\_\_\_

Course Site ID: \_\_\_\_\_ Training Contract ID: \_\_\_\_\_

**SSP:**

ABI Course Code: \_\_\_\_\_ ABI Student Number: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_ Booking ID: \_\_\_\_\_

Course Site ID: \_\_\_\_\_