

Enrolment Application Form

Please return the completed and signed enrolment application, together with accompanying evidence as required to:

Training Manager, HAZCOM GHS

P.O. Box 681, Mornington, VIC 3931 AUSTRALIA

Contact details for further information:

training@p-handley-walker.net.au Ph: (03) 9708 8809 0412 439 334

General Information

Course Details

Course:

Start Date:

Your Details

Mr Mrs Ms

Surname or Family Name:

Given Name(s):

Middle Name(s):

Preferred Name:

Have you ever changed your name?

Former First Name:

Former Surname:

Gender (Tick ONE box only): Male Female

Date Of Birth: (dd/mm/yyyy) / /

Address Details:

Street/Lot number (e.g. 205 or Lot 118)

Street Name:

Suburb/Town:

State/Territory:

Postcode:

Phone Number: ()

Mobile:

Fax: ()

E-mail:

What is your postal address (if different from above)?

Building Name:

Flat/Unit details:

Street/Lot number (e.g. 205 or Lot 118)

Street Name:

Suburb/Town:

State/Territory:

Postcode:

Postal Address (e.g. PO Box 254)

Suburb/Town:

State/Territory:

Postcode:

Phone Number: ()

Mobile:

Fax: ()

E-mail:

Once we receive your completed enrolment form, we may need to send you some documentation for your course. Where would you like this sent?

To my residential address To my postal address

Emergency Contact – who can we contact in case of an emergency?

Name:

Phone Number:

Address:

What is this person's relationship to you?

Language and cultural diversityAre you an Australian Citizen or a permanent resident? Yes No **Country of Birth** - In which country were you born? Australia Yes No

Other (please specify) _____

City or Town of Birth: _____**Proficiency in English** - How well do you speak English?

Very Well Well Not Well Not at all

DisabilityDo you consider yourself to have a disability, impairment or long-term condition? Yes No *If you ticked yes, please tick the boxes below that are applicable.*

Visual / Sight / Hearing Hearing / Deaf Physical

Learning Intellectual Mental Illness

Acquired Brain Impairment Medical Condition

Other (please specify): _____

High school level completed

What is your highest completed school level?

 Completed Year 12 or equivalent Completed Year 11 or equivalent Completed Year 10 or equivalent

- Completed Year 9 or equivalent
- Completed Year 8 or below
- Did not go to school

In which YEAR did you complete that school level? _____

Are you currently at school?

Yes No

Prior qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, then tick ANY applicable boxes.

- No previous qualification
- Bachelor degree or higher degree level
- Advanced Diploma or Associate Diploma level
- Diploma level
- Certificate IV (4)
- Certificate III (3)
- Certificate II (2)
- Certificate I (1)
- Miscellaneous education

List the names of all the qualifications you have completed:

Employment Details (Do not complete if studying independently of Employer)

Company/Business Name:

ABN:

Legal Name:

WEN*:

Contact name:

Phone No: ()

Mobile:

Fax: ()

E-mail:

Street Address

Suburb/Town:

State/Territory:

Postcode:

**WorkCover Employer Number – only required for RTW Coordinator courses)*

Declaration, Consent and Agreement

Please read these declarations carefully and tick the four boxes below before signing this enrolment application. By signing these declarations you declare that you understand and agree to these terms.

I, _____ (print name in full)

am participating in P-E Handley-Walker's program/course and give my full permission and consent for any staff representative of P-E Handley-Walker to do the following:-

- Show my work to other Trainers/Assessors for assessment purposes if necessary
- Make my file notes, assessments and all other forms available for auditing from Government agencies as required
- Contact the Police, Ambulance or other emergency Health Services in the event that my behaviour or health directly threatens the safety of staff or other participants, or myself.

I understand and agree:

- that giving false or misleading information is a serious offence under the Criminal Code of the Commonwealth Government of Australia and Victorian Government
- that P-E Handley-Walker may vary or cancel any decision it makes if the information I have given is incorrect or incomplete
- that P-E Handley-Walker may obtain official records from any educational institution I have previously attended
- that all documents submitted become the property of the P-E Handley-Walker and will not be returned
- to comply with the rules on admission and enrolment of P-E Handley-Walker and its Policies including Student Discipline and Plagiarism, which are available on its website at www.p-e-handley-walker.net.au or by email request to info@p-e-handley-walker.net.au or written requested mailed to P.O. Box 681 Mornington, VIC 3931 Australia
- to tell P-E Handley-Walker immediately if there is any change to the information I have given in this application.

PRIVACY STATEMENT:

I understand that:

Subject to the provisions of the **Privacy Act 1988**, HAZCOM GHS will not disclose my personal information without my consent unless authorised or required under law.

For more information in relation to how student information may be used or disclosed please contact P-E Handley-Walker on phone 03 9708 8809 or email training@p-e-handley-walker.net.au .

I declare that the information I have given in this application is true and correct.

Signed by the student:

Print your name:

Date:

Signed by a representative of

P-E Handley-Walker Pty Ltd

Print name here:

Date:

- **Unsigned enrolment application forms will not be processed.**
- **Enrolment applications must be signed by the applicant personally.**
- **Third parties must not sign on the applicants behalf.**