

Short Course Client Enrolment and Written Agreement Form

Please use BLOCK LETTERS and tick the appropriate boxes. Submit the completed form with all required supporting documentation, signatures and dates.

If you are unsure of the information required in any field, please leave blank.

Privacy Notice: Information relating to your nominated training shall not be available to any party, other than those directly responsible for the administration of the course nominated.

Course Details		Part 1A	
Course Title:			
Course Code:		Course Location:	
Course Dates:		Course Times:	
Have you previously enrolled at WCIG?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, which course and year where you enrolled at WCIG?		
Have you previously studied part of your selected course at another TAFE/Registered Training Organisation (RTO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, which TAFE / RTO did you attend and what year? <i>(Please attach Statement of Attainment from the TAFE or RTO as evidence of units competently completed or enrolled in)</i>		
Personal Details		Part 1B	
Title:		Surname:	
Given Name(s):		(as appears on birth certificate)	
Preferred Name:		(as you would like on Course Certificate)	
Date of Birth:		(DD/MM/YYYY)	
Street Name and Number:			
Town / Suburb:		Postcode:	
Phone Number:		Mobile:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:	

Postal Details			Part 1C
As above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please complete details below:	
Street Name and Number:			
Town / Suburb:		Postcode:	
Emergency Contact / Next of Kin Details			Part 1D
Title:		Surname:	
Given Name(s):		Relationship to you:	
Street Name and Number:			
Town / Suburb:		Postcode:	
Phone Number:		Mobile:	
Background / Citizenship			Part 1E
Australian Citizen / Resident? (includes Australian citizens with dual citizenships)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aboriginal descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aboriginal and Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Zealand Citizen / Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Zealand citizen with Australian permanent residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Countries Citizen? (other than Australia or New Zealand with Australian permanent residency)	Country of citizenship:		
	Visa sub-class number (from your passport):		
	Type of visa (if known):		
Are you a Citizen of country other than Australia or New Zealand without Australian permanent residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at All		
Is English the main language spoken at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, what is?		
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, which language?		

Disability (Optional Section)		Part 1F												
Providing information about a disability will not disadvantage your application. This information is collected to ensure that WCIG provides appropriate information on the support services available to clients. This information is also collected for statistical and planning purposes.														
Do you consider yourself to have a permanent / significant disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
If yes, (please tick the applicable box(es)):														
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Hearing/deaf</td> <td style="width: 25%;"><input type="checkbox"/> Vision/blind</td> <td style="width: 25%;"><input type="checkbox"/> Physical</td> <td style="width: 25%;"><input type="checkbox"/> Acquired Brain Injury</td> </tr> <tr> <td><input type="checkbox"/> Mental illness</td> <td><input type="checkbox"/> Intellectual</td> <td><input type="checkbox"/> Mobility</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other Medical Condition _____</td> </tr> </table>			<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Vision/blind	<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mobility	<input type="checkbox"/> Learning	<input type="checkbox"/> Other Medical Condition _____			
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<input type="checkbox"/> Other Medical Condition _____														
Do you require additional support for accessibility to this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
If yes, what?														
Employment Status		Part 1G												
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Prior Education	Part 2A
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What was the highest level of secondary school completed (or current level, if still at school):

<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	What year did you finish school?
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Was this final year undertaken in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Since leaving school have you successfully completed any of the following courses?
(Please tick appropriate box(es))

<input type="checkbox"/> Bachelor Degree / Higher Degree	<input type="checkbox"/> Advance Diploma / Associate Degree
<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate IV or advance Certificate
<input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate other than above

Name of Qualification(s) Attained	Year Attained	Training Provider

Reason for Attending Course	Part 2B
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From the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement of my job
<input type="checkbox"/> I want to attain extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest	<input type="checkbox"/> For self development
<input type="checkbox"/> Other reason, please specify → _____	

Referring Organisation Details	Part 2C
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Consultant Name:			
Company Name:			
Consultant Position:			
Email:			
Phone Number:		Office	
Consultant Signature:		Date:	

Payment Details		Part 3A	
Amount Paid:	<input type="checkbox"/> FULL FEE FOR SERVICE \$		
Amount paid by Third Party:		Total Amount:	
Name:		Position Title:	
Company Name:		Signature:	
Date:		Phone number:	
Payment Option: <i>I hereby enrol the above participant in the Training course as above and:</i>	<input type="checkbox"/> I have attached a cheque or money order to this enrolment form. (Please make cheque/money order payable to Westgate Community Initiative Group); OR		
	<input type="checkbox"/> I have attached a purchase order to this enrolment form; OR		
	<input type="checkbox"/> insert company name) _____ will provide payment for the total amount stated above upon receipt of a tax invoice.		

Please send a cheque, money order or invoicing details with this enrolment form to:
 WCIG Training Services
 151 Nicholson Street
 Footscray, 3011
 Ph: 9689 3437 FAX: 9689 9093

or pay in person to the WCIG Training Services Department at our Footscray office.

APPLICANT DECLARATION

I declare to the best of my knowledge the information entered on this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by WCIG of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.

I understand that:

- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken;
- WCIG collects, stores and uses personal information in accordance with WCIG's Privacy Policy, which can be accessed in the Accredited Course Client Induction Kit;
- I may be refused entry to the course if the financial arrangements have not been made for the payment of this course.
- A refund will be given if cancellation is made more than 7 days before the course commences as long as cancellation is for legitimate reasons has been approved by the Training Services Coordinator at WCIG. (*A Client Complaint Form is available if I am not happy with the outcome of your refund request*).
- I am entitled, at no additional cost, to a formal Statement of Attainment on withdrawal, cancellation or transfer, prior to completing any accredited unit/s of competency, provided I have paid in full for the tuition/fee related to the units of competency to be shown on the Statement of Attainment.
- I have received and agree to the information provided in the Client Induction Kit and above.

Client Signature

Witness * Signature

Client Name (Please print)

Witness Name (Please print)

Date

Date

*

A Witness can be:

1. A person who is currently licensed or registered under a law to practise in one of the following occupations: chiropractor, dentist, legal practitioner, medical practitioner, nurse, optometrist, pharmacist, physiotherapist, psychologist, veterinary surgeon, teacher, employment consultant, support worker; or,
2. A person who is enrolled on the roll of the supreme court or a state or territory, or the high court of Australia, as a legal practitioner (however described); or
3. WCIG Staff member.