



AMA SKILLS TRAINING

STUDENT ENROLMENT APPLICATION

***Please note: certified copies of original documents must be lodged with your application.**

Please tick the appropriate boxes and complete all sections

Course / Qualification	
Code	

STUDENT DETAILS	
Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> _____	Family Name: _____ Given Name/s: _____ <i>Include middle name</i> Preferred Name: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Email Address: _____
	Address: _____ Suburb/Town: _____ State: _____ Post Code: _____
Postal Address: _____ (if different from above) Suburb/Town: _____ State: _____ Post Code: _____	
Which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other <i>Please specify</i> _____
Nationality: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <i>Please specify</i> _____	Date of Birth: / / (dd/mm/yyyy) Town/City of Birth _____
	What language do you speak at home? _____
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
Home Phone: _____ (inc area code)	Mobile Number: _____
Work Phone: _____ (inc area code)	Fax: _____ (inc area code)

EMPLOYER DETAILS	
Business Name:	_____
Contact Person's name:	_____
Address:	_____
Telephone:	_____
Fax no:	_____
Email:	_____



STATISTICAL INFORMATION				
Employment Background (which best describes your employment status? tick one box)	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Self-Employed not employing others	<input type="checkbox"/> Employer
	<input type="checkbox"/> Employed in Family Business Unpaid	<input type="checkbox"/> Unemployed seeking full time work	<input type="checkbox"/> Unemployed seeking part time work	<input type="checkbox"/> Not employed not seeking employment
Education Background	What was your highest completed school level?			
	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent	
	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school	
	School you completed that level:		The year you completed that level: eg - 1995	
	Are you still attending secondary school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	What was your highest qualification completed?			
	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate IV or Advanced 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	
Are you of Australian Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal & Torres Strait Islander			
What is your reason for enrolling in this course?	<input type="checkbox"/> To get a job	<input type="checkbox"/> Develop my existing business	<input type="checkbox"/> Start my own business	<input type="checkbox"/> Try for a different career
	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> Extra skills for my job	<input type="checkbox"/> To get into another course	<input type="checkbox"/> Get a better job or promotion <input type="checkbox"/> For personal interest or self development <input type="checkbox"/> Other reason
SPECIAL NEEDS				
Do you consider yourself to have a disability, impairment or long term condition? Please tick: (if Yes, complete section to the right) YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other		<input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning	
	If you ticked any of the above boxes, please provide details:			
EMERGENCY CONTACT				
Contact Name :			Relationship to Student:	
Address:	Suburb: Post Code:		Email Address:	
Home Telephone: (inc area code)			Mobile Number:	



<p>Course Credit and RPL</p>	<p>Do you wish to claim Course Credit or RPL in a particular part of the course as a result of previous study, experience or recognition of a competency currently held? This includes academic credit and recognition of prior learning.</p> <p>I would like to claim Course Credit/RPL <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, provide details below and attach supporting documentation. Please Note: Fees are applicable to applications for Recognition of Prior Learning. Make an appointment to see the Training Manager for further details.</p>
-------------------------------------	--

DECLARATION

1. I declare that the information provided by me on this form is to the best of my knowledge true and correct.
2. I further confirm that I have read, understood and agree and accept the Terms and Conditions of Enrolment as outlined in this form and agree to be bound by them and will comply with all policies and procedures as detailed in AMA Skills Training student handbook.
3. I have been informed of all fees and charges associated with this course and have read the Fees, Charges and Refund Policy and Request for Refund form.
4. I understand that the enrolment fee is non-refundable, however, if a course place is not offered then the enrolment fee will be refundable in full.
5. I agree that in the event that false, misleading or inaccurate information is provided that AMA Skills Training reserves the right to cancel enrolment. In this case there will be no refund for enrolment and course fees paid up to date of cancellation.
6. I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies (e.g. ASQA, DFEEST, DEEWR) or their successors in connection with AMA Skills Training registration and/or compliance audits as required by legislation.
7. I agree and consent that my personal information may be made available to any contractor(s) engaged by AMA Skills Training to provide advice or services in connection with AMA Skills Training registration and/or training & assessment services and/or compliance.
8. I further acknowledge that I have the financial ability to pay my course fees as and when they become due.
9. I do hereby certify that this application has been completed by me personally.
10. I understand and acknowledge and agree that AMA Skills Training will not provide or disclose to any outside parties personal information other than is approved in this application. However, if required by law then this information will be released.
11. I further consent to being contacted by AMA Skills Training and/or the relevant Commonwealth and State agency in connection with my enrolment and future studies.

The terms and conditions of this enrolment application and the availability of the complaints and appeals process do not remove the right of the student to undertake action under Australia's consumer protection laws.

Note to student: You may access your personal information by contacting the Training Manager. Your personal details may be edited and corrected if required. A fee may be applicable to noncurrent students.

Student Name: _____

Student Signature: _____

Date: ____ / ____ / _____



UNIQUE STUDENT IDENTIFIER	
Do you have a Unique Student Identifier (USI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please quote number	
If NO and you give approval for AMA Skills Training to apply for your USI sign the declaration below. You will need to provide one original/or certified form of identification as below	

I hereby authorise AMA Skills Training to apply for my Unique Student Identifier

I supply the following form of identification:

- | | |
|--|---|
| <input type="checkbox"/> Driver's Licence – issued in Australia | <input type="checkbox"/> Certificate of Registration by Descent |
| <input type="checkbox"/> Medicare card – current and issued in Australia | <input type="checkbox"/> Citizenship Certificate |
| <input type="checkbox"/> Passport – Australian passport | <input type="checkbox"/> Immi Card – issued in Australia |
| <input type="checkbox"/> Birth Certificate – issued in Australia | <input type="checkbox"/> Visa – the international passport number is required to link to the visa |

Student Signature: Date:

Terms and Conditions of Enrolment

TERMS & CONDITIONS OF ENROLMENT	
<p>ENROLMENT REQUIREMENTS Payment of enrolment fee to secure a place in the course. Submission of all documents as stipulated in this application and additional documents as requested by Training Coordinator.</p> <p>Payment of part tuition fees of no more than \$1000 prior to the commencement of the course. Once student has commenced course AMA Skills Training may require payment of additional fees in advance but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student will not exceed \$1500. Refer to Fees, Charges and Refund Policy.</p> <p>REVIEW OF TUITION FEES AMA Skills Training has the right to review its tuition fees and other charges. However, once you are enrolled the tuition fees and charges are locked in for the life of the course. If fees and charges are increased this will only apply to new enrolments.</p> <p>TEXTBOOKS & CONSUMABLES Textbooks and consumables are additional to the course costs. The cost of these items is \$200.</p> <p>OTHER FEES Administration (also known as enrolment fees) fees are not refundable. If the testamur or statement of attainment is misplaced or damaged, the student or prior student may contact AMA Skills Training to order a replacement. The cost of replacement is \$20.00.</p>	<p>REFUND POLICY Refer to Fees, Charges and Refund Policy.</p> <p>COMPLAINTS AND APPEALS Students who have a complaint should firstly try to resolve the issue with the relevant staff member. If there is no resolution to the student's satisfaction then the student may arrange a meeting with the Training Coordinator. At this stage the complaint or appeal will be required in writing. The complaints and appeals policy and subsequent procedure is provided on website and detailed in the student information book. Complaints and appeals may take the form of but not limited to: academic matters, support services, assessments, training, discrimination, access and conditions, training facilities. This agreement and the availability of our complaints and appeals processes does not remove the student's rights to take action under the Australian consumer protection laws.</p> <p>NO OBLIGATION AMA Skills Training does not represent or guarantee that the student will:</p> <ol style="list-style-type: none"> 1. be accepted for enrolment at AMA Skills Training ; 2. successfully complete the course enrolled; or 3. gain entry into further tertiary courses. <p>BREACH OF TERMS AND CONDITIONS Breaches of the terms and conditions of this agreement may result in the termination of enrolment.</p>



PAYMENT DETAILS	
Enrolment Fee (non-refundable)	\$ _____
Course Fee	\$ _____ (GST free)
Textbooks & consumables	\$ _____ (GST incl.)
RPL Fee	\$ _____
Total Fee	\$ _____
Note: We do not accept more than \$1000 prior to commencement of the course	
PAYMENT OPTIONS	
<input type="checkbox"/> <u>Direct Payment to our Account</u> A/C Name – AMA(SA) Inc., BSB 065-000, A/C Number 11592292. Include reference ' <u>RTO-(insert your name)</u> '	
<input type="checkbox"/> <u>Credit Card</u> Credit Card amount \$ _____ <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex <input type="radio"/> Diners Card Number _____ Exp date ____/____ Cardholders Name _____ CVV No. _____ Signature _____	

Once you have completed this form, attach the associated documents and please forward to:
AMA Skills Training , PO Box 134, North Adelaide, SA, 5006.

For further information contact the Training Manager – Michelle Cockshell – on 8274 6058

OFFICE USE ONLY									
Application received by									
Date application received									
Application completed fully? [detail what is missing]									
All evidence provided? [detail what is still required]									
RPL requested? [Has the RPL application form been provided? Have you advised of the fees for RPL?]									
Entry requirements met?									
Payment received, is this full amount? [Detail breakdown]									
Has enrolment been confirmed with student?									
Catapult details (if applicable)	Log in:				ID Number:				
Name of Training Manager									
Signature of Training Manager								Date: / /	
AMA (SA) Training Services Student Number									
Unique Student Identifier Number									
Training Contract Number (if applicable)									