National **Training Masters**   
Enrolment Form 2017

**TAE40110 Certificate IV in Training and Assessment**

**SECTION 1 – STUDENT DETAILS** Sections marked with \* must be completed

Please **PRINT** your name clearly as this is how it will appear on your certificate. Please ensure that your details match with those of your Unique Student Identifier – [www.usi.gov.au](http://www.usi.gov.au) . You may use the check boxes to indicate your responses (⌧).

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| **\***First Name | | Click here to enter text. | | | | **\*** Surname Click here to enter text. | | | | | | | |
| **\*** Gender | | Choose an item. | | | | **\***DOB | Day | | Choose an item. | Month | Choose an item. | Year | Choose an item. |
| **\*** Email address | | | Click here to enter text. | | | | | | | | | | |
| **\***Phone no | | | | Click here to enter text. | | | | | | | | | |
| **\*** Residential address - Street number and name  Click here to enter text. | | | | | | | | | | | | | |
| Suburb | Click here to enter text. | | | | | | | | | | | | |
| Postcode | Click here to enter text. | | | | | State | | Choose an item. | | | | | |
| **\*** Unique Student Identifier:  [www.usi.gov.au](http://www.usi.gov.au) | | | | | Click here to enter text. | | | | | | | | |
| **SECTION 2 - EMPLOYMENT** | | | | | | | | | | | | | |
| **\*** Which of the following best describes your current employment status?  Full-time employee  Part-time or casual employee  Employer  Unemployed - seeking full-time employment  Unemployed - seeking part-time or casual work  Not employed - not seeking employment  Self-employed - not employing others  Employed - unpaid worker in a family business | | | | | | | | | | | | | |

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| **SECTION 3 - LANGUAGE AND CULTURE** | |
| **\*** In which country were you born?  Australia  Othernationality (if not Australian): | **\*** Do you speak a language other than English at home?  No  Yes (please specify): |
| **\*** How well do you speak English? (if you answered ‘yes’ to previous question)  Very well  Well  Not well | **\*** Are you of Aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander |
| **SECTION 4 - EDUCATION** | |
| **\*** What is the highest level of schooling you have completed?  Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent  Year 8 or below  I am still attending school  **\* What year did** you complete that level of schooling?  Click here to enter text. | **\*** Have you **completed** any of the following **qualifications**:  No  Yes (please indicate highest level)  Bachelor degree or higher  Advanced diploma/Associate degree  Diploma/Associate diploma  Certificate IV/Advanced certificate  Certificate III/Trade certificate  Certificate II  Certificate 1 |
| **SECTION 5 - DISABILITY** | |
| **\*** Do you consider that you have a **disability**?  No (continue to Section 6)  Yes  If you selected yes, do you require **extra support** with your study?  No  Yes (please indicate type of support)  Click here to enter text. | **\*** If you selected yes, please indicate which area?  Physical  Learning  Acquired brain injury  Hearing  Vision  Mental illness  Medical condition  Other : Click here to enter text. |

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| **SECTION 6 - REASON FOR STUDY** | |
| **\*** Which of the following best describes your main **reason for studying** this course (select one only)  To get a job  To get a promotion  To develop extra skills for my job  It’s a requirement of my job  To start my own business | To develop my current business  To change careers  It’s a pre-requisite for another course I want to do  For personal interest  Other (please explain) Click here to enter text. |

**SECTION 7 - ACKNOWLEDGEMENT**

I hereby acknowledge that I have received and read the Learner Handbook. I further acknowledge that when I enrol in a course with National Training Masters I may receive their regular email newsletter containing articles relevant to training as well as special enrolment offers from time to time. I may opt out from receiving these newsletters at any time.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 8 – PAYMENT OPTIONS Please select your preferred payment option**

**Certificate IV in Training and Assessment** ~~- $2,490 –~~ **REDUCED to $1,490 & includes all your resources**

**Pay by direct deposit** (preferred) **Pay by**  **Visa** or  **MasterCard** or at our Kiama office

BSB: 062 562 Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account no: 1014 3287 Card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: Bombohill Pty Ltd Expiry date: \_\_\_\_\_ /\_\_\_\_\_ CCV: \_\_\_\_\_\_\_\_\_\_

Reference: Your name Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed: e-mail this form to: [admin@ntm.edu.au](mailto:admin@ntm.edu.au), or

visit unit: 1, 44 Manning Street, Kiama, NSW 2533 or

post to: National Training Masters, PO Box 4225, Pitt Town NSW 2756

**ASSISTANCE WITH ENROLMENT**

If you would like any assistance with enrolment, payment options or would like to speak to a learning consultant, please contact us on 1300 653 501, or by email [admin@ntm.edu.au](mailto:admin@ntm.edu.au)

ABN: 28 108 511 093 RTO: 91284 National Training Masters

*Office Use Only*

Student ID #

Receipt:   
  
Certificate #