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 nameClick 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)[ ]  YesIf 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, 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

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

*Office Use Only*

Student ID #

Receipt:

Certificate #