

**Enrolment Form - Gap training workshops  
TAE40116 Certificate IV in Training and Assessment   
Transition 2019**

Please check ⌧ the workshops and units(s) of competency you are enrolling in, all workshops are held at either our Kiama or Richmond campuses. You may enroll in one or more workshops. Simply select your date and location by choosing the workshops:

**TAEASS502 Design and develop assessment tools - Statement of Attainment - 2 workshops**Select your date and location:Choose an item.  
 **TAELLN411 Address language, literacy & numeracy skills – Statement of Attainment - 1 workshop**

Select your date and location: Choose an item.  
 **TAEASS401 Plan assessment activities & process & TAEASS403 Participate in assessment validation - Gap Training 1 workshop**  
Select your date and location: Choose an item.   
You must have a complete TAE40110 Certificate IV in Training and Assessment, the unit TAELLN411 / TAELLN401A & workshop 1 or already hold the unit TAEASS502A / B, you will be sent a mapping kit before the workshop. Once you have completed the three units you will then be eligible to transition to the new TAE4016 Certificate IV in Training and Assessment at no cost

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

Please **PRINT** clearly as this is how it will appear on your certificate. Please ensure that your details match with those of your Unique Student Identifier (USI). You must have a USI before you enrol, if you do not have one, visit: [www.usi.gov.au](http://www.usi.gov.au) to obtain your USI.

Use the check boxes to indicate your responses (⌧).

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| \*Title Choose an item. | | | | | **\***First Name Click or tap 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:  From 1 January 2015, National Training Masters can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at [www.usi.gov.au](http://www.usi.gov.au) on a computer or mobile device  Enter your USI here Click or tap here to enter text. | | | | | | | | | | | | | | |

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| **SECTION 2 – EMPLOYMENT & CURRENT STUDY** |
| **\*** Which of the following best describes your current employment and current study status? (select one only)  Full-time employee  Employed - unpaid worker in a family business  Unemployed - seeking full-time employment  Unemployed - seeking part-time or casual work  Not employed - not seeking employment  Part-time or casual employee  Self-employed - not employing others  Employer |

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| **SECTION 3 - LANGUAGE & CULTURE** | |
| **\*** In which country were you born?  Australia  Othernationality (if not Australian): Click or tap here to enter text. | **\*** Do you speak a language other than English at home?  No  Yes (please specify): Click or tap here to enter text. |
| **\*** 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 tick any applicable boxes)  Bachelor degree or higher  Advanced diploma or Associate degree  Diploma or Associate diploma  Certificate IV or Advanced certificate/technician  Certificate III or 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?  Hearing/deaf  Physical  Intellectual  Learning  Mental health  Acquired brain injury  Vision  Medical condition, including chronic health conditions  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 detail) Click here to enter text. |

**SECTION 7 - ACKNOWLEDGEMENT**

**\*** I acknowledge that it is a condition of my enrolment that I abide by all National Training Masters policies and procedures. I hereby acknowledge that I have received and read the Learner Handbook, the Privacy Notice and Student declaration. I further acknowledge that when I enroll 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.   
Opt out here

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.  
If enrolling electronically select digital signature and enter your e-mail address.   
 Digital signature enter your e-mail address:

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

Select your workshops:  **Workshop 1 TAEASS502 $350  Workshop 2 TAELLN411 $300  
 Workshop 3 Gap Training TAEASS401 & TAEASS403 $400  All TAEASS502 + TAELLN411 + Gap $900**

☐ Raise an invoice for my employer: *insert* *business name*

I would like a payment plan  Cheque (payable to Bombohill Pty Ltd)

I would like to pay by direct deposit**\***  Visa or  MasterCard

**Direct Transfer Bank details:** Card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: 062 562 Expiry date: \_\_\_\_\_ /\_\_\_\_\_ CCV: \_\_\_\_\_\_\_\_\_\_

Account no: 1014 3287 Name of card holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: Bombohill Pty Ltd Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: your name  pay at our Head Office: Level 1, 18 Manning Street,  
**\* preferred method of payment**  KIAMA NSW 2553 or call 1300 653 501

*Office Use Only*

Student ID #

Invoice #  
Certificate #

**\* PLEASE NOW READ THE PRIVACY NOTICE AND STUDENT DECLARATION Before signing section 7 Acknowledgement**

**National Training Masters**   
**Privacy Notice and Student Declaration**

Before signing the enrolment form, take the time to read the terms and conditions of your enrolment contained in this declaration. Ensure you have read the Learner Handbook, containing a summary of all our policies and procedures.

**Privacy Note**

Under the [Data Provision Requirements 2012](https://www.legislation.gov.au/Details/F2013L00160), National Training Masters (NTM) is required to collect personal information about you and to disclose that personal information to the [National Centre for Vocational Education Research](http://www.ncver.edu.au) Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by National Training Masters for statistical, regulatory and research purposes. National Training Masters may disclose your personal information for these purposes to third parties, including:

• School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;

• Employer – if you are enrolled in training paid by your employer;

• Commonwealth and State or Territory government departments and authorised agencies;

• NCVER

• Organisations conducting student surveys; and

• Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

• Issuing statements of attainment or qualification, and populating authenticated VET transcripts;

• facilitating statistics and research relating to education, including surveys;

• understanding how the VET market operates, for policy, workforce planning and consumer information; and

• administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the *VET Data Policy* and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the *Privacy Notice* above.