

# Enrolment Form

## COURSE INFORMATION (Office Use Only)

Course Program:	
Course Code and Name:	
Course Fee:	
Course Duration:	

## Student to complete all sections in BLOCKLETTERS (Tick a box where required)

Section 1 - STUDENT DETAILS									
Title	Miss	Ms	Mrs	Mr	Dr				
First Name					Further Studies	Since leaving school have you completed further studies?		Yes No	
Middle Name					If 'Yes', please tick the HIGHEST achieved in:			Australia Oversea	
Family Name					Bachelor or Higher Degree		Certificate II		
Date of Birth			Female	Male	Others	Advanced Diploma		Certificate I	
Email					Diploma		Miscellaneous		
Mobile Phone					Certificate IV		Industry Ticket		
USI					<input type="checkbox"/> Certificate III		Adult Education		
If you do not have a USI number, please apply via <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a>					<b>Which best describes your reason for further training?</b>				
WWCC Number					To get a job				
If you do not have a WWCC number, please apply via <a href="https://ocg.nsw.gov.au">https://ocg.nsw.gov.au</a>					To gain extra skills for my job				
<b>Home Address:</b>					To get a better job or promotion				
Street Address					It is a requirement of my job				
Suburb/Town					To try for a different career				
Postcode					Personal interest/self-development				
Employment	Please tick your current employment status below:				Get into another course of study				
Full Time Employed					Develop my existing business				
Part Time Employed					Start my own business				
Employer Name if currently employed:					Other reason				
Are you working in Early Childhood sector? Yes No					<b>Are you receiving Commonwealth welfare benefits?</b>				
If YES, Service Name:					<b>***Please attached evidence if any below is applied</b>				
If NO, Are you planning to work in Early Childhood sector? Yes No					Austudy		Veterans' Children Education Scheme		
Self Employed not employing others					Carer Payment (not Carer Allowance or Carer Adjustment Pay)		Veterans' Affairs Pension		
Unemployed – seeking full or part time work					Disability Support Pension		Wife Pension		
Not Employed – not seeking employment					Family Tax Benefit Part A (maxrate)		Age Pension		
Unemployed – long term unemployed					<input type="checkbox"/> Farm Household Allowance		Widow 'B' Pension		
Birth Country	Were you born in Australia?		Yes	No	Job Seekers		Widow Allowance		
If 'No' then where were you born?					Parenting Payment (single)		Youth Allowance		
Citizenship	Australian Citizen		New Zealand Citizen		Are you living in NSW Social Housing or are you on the NSW Housing Register?		Yes No		
	Permanent Resident		Temporary or Humanitarian Visa		<b>Proof of Identification (please attached evidence)</b>				
					Primary (at least 1 doc)		Secondary (at least 1 doc)		

# Enrolment Form

<b>ATSI</b>	Are you of Aboriginal or Torres Strait Islander origin?	Yes No <i>If yes, Aboriginal Torres Strait Islander</i>	Passport Driver Licence Photo ID	Medicare Bank Card Health Care/Concession Card
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<b>Language</b>	Is English your first language?	Yes No	<b>Disability</b>	Do you have a disability?	Yes No <i>If YES, attached evidence</i>
<i>If not English, what is your first language?</i>			If yes please tick all applicable box/es below :		
How well is your English? Well Not Well			Hearing/Deaf	Physical	Intellectual Learning
<b>Schooling</b>	Are you still at school?	Yes No	Acquired Brain Impairment Mental Illness' Vision		
<i>What is the highest level completed at school?</i>			Others:		
Year 8 Year 9 Year 10	Year completed:		<b>Additional Learning Support</b>		
Year 11 Year 12 Did not attend	Where completed:		Do you require literacy, disability or special learning support?		
Are you planing to be registered as Traineeships or Apprenticeships for this qualification?		Yes No	Have you taken any other qualification this year?		
			Yes	No	Yes No

## Section 2 - LANGUAGE LITERACY AND NUMERACY EVALUATION

PEAK Training must identify any support individual learners needs to successfully complete Full Qualifications or Short Courses. PEAK training will carefully review each student's enrolment form and assess each individual needs. Peak Training may require prospective students to complete a Language, Literacy and Numeracy (LLN) assessment to determine the level of support required. If an assessment is required, you will be contacted by a Trainer during the enrolment process.

## Section 3 - ENROLMENT FEE

Peak Training accepts enrolments to our email: [info@peaktraining.net.au](mailto:info@peaktraining.net.au). **Non Refundable Enrolment Fee** of \$200 is payable at the time of enrolment form is processed and is for full qualification enrolment only. Payment is required in full for short courses.

**Invoice Details:** Invoice to be raised in the Student's Name  
Invoice to be raised in the Employer's Name below

Employer Name:  
Contact Person:  
Contact Number:  
Email:

## Section 4 - PAYMENT AND INVOICE DETAILS

<b>Bank Transfer:</b>	<b>Pay Online:</b>
Financial Institution: Westpac Account Name: Peak Training BSB Number: <b>032 272</b> Account Number: <b>162368</b> Reference: Your Full Name <i>*send receipt to: info@peaktraining.net.au</i>	<b>***For Short Courses Only</b> Order Number:

## Section 5 - COURSE FEE AND REFUND POLICY

Your full course fee will be determined once your enrolment form is processed and you have agreed to a fee schedule.

Refunds are not available after commencement of the course.

Peak Training cannot accept payment in advance of more than \$1500 for any single accredited course.

## Section 6 - CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I,  
(First, middle and last name)  
of  
(current residential address)  
with date of birth

understand and agree that, under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, PEAK Training is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by PEAK Training for statistical, regulatory and research purposes. PEAK Training may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department);
- NCVER;
- Organisations (including the Department) conducting student surveys; and
- Researchers.

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

- issuing a VET Statement of Attainment or VET 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 program administration, regulation, monitoring and evaluation.

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

NCVER will collect, hold, use and disclose my 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)). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with PEAK Training for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

PRINT FULL NAME:

SIGNATURE:

DATE:

*Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required*

PRINT FULL NAME OF GUARDIAN:

SIGNATURE OF GUARDIAN:

DATE:

## Section 8 - STUDENT DECLARATION

### I declare:

I have been given access to the following information which is available at <https://nswfdc.org.au/peak-training/>

Peak Training Student Handbook which includes: Grievance & Complaints Procedures & Policies, Fee Administration & Refund Policy and Privacy Policy/Complaints Handling Policy

I understand that PEAK Training, from time to time, will share my course progression with my service provider to ensure I am meeting the requirements of employment.

**That** the information I have supplied on this form is true, correct and complete.

I have read and been provided with the NCVER Privacy Notice.

**That** I have attached required evidences to support the information I have supplied where requested.

I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment. The Policies, Procedures and Consumer Rights information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.

I have been informed of course duration. There is no extension is granted for this course and must be completed by the end date.

I have been informed of fees and charges associated with this course, including failure to contact Peak Training after 3 months of enrolment end date, I will be withdrawn the course without my acknowledgment.

**I have agreed the individual unit course fee will not be refunded once enrolment email confirmation is sent and/or I withdraw the individual unit course before the end date.**

I give permission to Peak Training to view my USI account for VET transcript and/or I will send my current VET transcript as well as consent to Peak Training to create a Unique Student Identifier if I have not had one.

I acknowledge that I have read, understand and will comply with the rules, policies, procedures and requirements of the Peak Training Student Handbook.

I would like to receive marketing material for future courses and any correspondences from Peak Training

STUDENT FULL NAME:

SIGNATURE OF STUDENT:

DATE:

*Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.*

GUARDIAN FULL NAME:

SIGNATURE OF GUARDIAN:

DATE:

DOCUMENT CHECKLIST	EVIDENCE ATTACHED or ticked when done
Working with Children Check	
100 points ID- Drivers Licence & Birth Cert, Passport, Medicare	
Current VET transcript attached at the time of enrolment (VET transcript must be downloaded from your USI portal)	
USI included or required documents to create USI	
Centrelink evidence – proof Eligible Benefit if applicable	
Disability - proof of evidence if answered "YES"	
<b>CERTIFICATE III ONLY: Students are required to choose between the below two electives below</b>	
CHCECE039 – Comply with Family Day Care Administrative Requirements	
CHCDIV001 – Work with Diverse People	

### HOW DID YOU HEAR ABOUT THIS COURSE?

Facebook

Info Sheet

Newspaper

Word of mouth

Radio

TV

Repeat Student

Buses

Agency Referral

Employer

Internet

Other:

**OFFICE USE ONLY**

Date Received:

Student ID:

Invoice No:

Processed By:

**FULL COURSE FEE**

Course Program:

Course Fee Balance:

**Course Fee Schedule**

Payment Schedule

Balance Due

1st Payment: Course Commencement

2nd Payment: Commencement of 5th Unit

3rd Payment: Commencement of 8th Unit

4th Payment: Commencement of 14th Unit