

Sales Rep: KLAP Client ID: 2474 Enrol ID: \_\_\_\_\_

## Course Details – Axiom College to Complete

Certificate Level: III	in Business	Stream: Online	Code: BSB30115
Method of Delivery: <input checked="" type="checkbox"/> Online <input type="checkbox"/> Blended <input type="checkbox"/> Other (Please Specify):			
Special Notes for Delivery:			
Region: <input checked="" type="checkbox"/> Milton <input type="checkbox"/> Townsville <input type="checkbox"/> Mackay <input type="checkbox"/> Other (Please Specify):			
<b>Funding Details</b>			
<input type="checkbox"/> User Choice (DET) <input type="checkbox"/> User Choice (DET) – School Based <input checked="" type="checkbox"/> SELF <input type="checkbox"/> CLP <input type="checkbox"/> Other (Please Specify):			
Is the student an existing worker entering into a training contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If A SBT, School ID:			
AAC Name:		Funding Contract Number:	
<b>Current Employment Details</b>			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Hrs Worked per week _____ <input type="checkbox"/> Employed – Unpaid worker in a family business			
Employment Commencement date:		Training Contract Commencement date:	
If School Based Trainee, please indicate work day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			

## Student Personal Details – ALL sections must be completed (please print neatly)

Unique Student Identifier (USI):	Learner Unique Identifier (LUI):
Title:	First Name/s:
Middle:	Surname:
<b>NB – This is the name that will appear on your certificate</b>	
Other Name/s:	<b>All Previous or Other names by which you are known or have been formerly known must be listed</b>
DOB: ____/____/____	<b>* If under 18 parent/ guardian details must be completed</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
What Country were you born in? <input type="checkbox"/> AUS <input type="checkbox"/> NZ <input type="checkbox"/> Other (Please Specify):	Date Arrived in Aus:
Do you identify as? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander (Tick both if applicable)	

## Student Contact Details

Home Email:	Work Email:
Home Phone: (07)	Work Phone: (07) Mobile:

## Student Address Details

Building Name*:	Unit*:	Street No:	Street Name:
Suburb:	State:	Postcode:	
Postal Address*:	Suburb:	State:	Postcode:

## \*Parent / Guardian Details (if participant under 18) – Parent/Guardian but also co-sign form on page 2

Title:	First Name/s:	Surname:
Email:	Phone:	Mobile:

## Concession Details

Do you have a Health Care or Pensioner Card? <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>*If Yes, Please attach a copy of your health care card</b>
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## Language, Literacy and Numeracy Details – \*All students must complete the LLN Assessment Tool

Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other (Please specify):
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
*Do you require Language, Literacy or numeracy Support? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*All students must complete the LLN Assessment</b>

## Medical Conditions

Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>*If YES, please complete the client supplementary Medical Details form supplied by your Axiom College Representative</b>
Please indicate below the areas of disability, impairment or long term condition (you may indicate more than one)
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other (Please Specify)

## Study Reason – Main Reason for Undertaking this course?

<input type="checkbox"/> To get a Job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For Personal interest	<input type="checkbox"/> For self development	<input type="checkbox"/> Other Reasons	

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## Previous and Current School Details

Do you currently attend high school? ☒ Yes\* ☐ No *\*If Yes, please also complete Current School Details Section*

What is your Highest COMPLETED School Level? (Tick one only)

☐ Yr 12/Equivalent ☐ Yr 11/Equivalent ☐ Yr 10/Equivalent ☐ Yr 9/Equivalent ☐ Yr 8/Below ☐ Never attended School

In which year did you complete that school level? \_\_\_\_\_

Have you SUCCESSFULLY completed or currently enrolled in any qualifications? ☐ Yes, please specify ☐ No

☐ Certificate I ☐ Certificate II ☐ Certificate III ☐ Certificate IV ☐ Diploma ☐ Advanced Diploma

☐ Bachelor/Higher Degree ☐ Other Certificate (Please Specify): \_\_\_\_\_

If previously completed, was this completed as a School-based Traineeship? ☐ Yes ☐ No

## \*Current School Details

Will your results need to be reported to QSA to go towards your Senior Certificate of Education? ☒ Yes ☐ No

## \*School Contact and Address Details

School Name: **Kelvin Grove State College**

School ID: **2474**

Contact Person: Val Budworth

Phone: 3552 7307

Address: L'Estrange Terrace

Suburb: Kelvin Grove

State: QLD

Postcode: 4059

VET Co-ordinator:

Phone:

Fax:

Email:

## Employment Details (Inc. Group Training Organisations - GTO#)

Company Name:

ABN No:

Are you GTO? ☐ Yes ☐ No

Phone:

Fax:

Email:

Site Address:

Suburb:

State:

Postcode:

Postal Address:

Suburb:

State:

Postcode:

Accounts Contact:

Email:

Supervisor:

Position:

Email:

Mobile:

## #Host Employer (If employed by a Group Training Organisation - GTO)

Company Name:

Contact Name:

Phone:

Fax:

Email:

Site Address:

Suburb:

State:

Postcode:

Postal Address:

Suburb:

State:

Postcode:

## Evidence and documents to be submitted with enrolment

You will need to provide a copy of a valid ID with your enrolment. Please tick which evidence you are attaching?

☐ Driver's License ☐ Medicare Card ☐ Australian Passport ☐ Visa (with-non Australian Passport)

☐ Australian Birth Certificate ☐ Certificate of Registration by Descent ☐ Citizenship Certificate

## Signature

### Student participation confirmation

I hereby agree the information contained in this document is true and correct and I will abide by the rules and conditions required by the traineeship and Axiom College.

I confirm that I have been provided with information to make an informed decision to enrol in this qualification and notified of Axiom College's Refund Policy, Student Handbook, USI Privacy Notice and other relevant policies available at any time on Axiom College's website [www.axiomcollege.com.au](http://www.axiomcollege.com.au)

I hereby agree to give Axiom College permission to use my data above to verify/search or my USI with the Australian Government and in the instance that I do not have a USI and am not able to apply for one, I give Axiom college permission to assist or apply for a USI on my behalf, I agree to Axiom College's USI Privacy Notice with regards to what data will be used and shared and with what parties.

Participant Signature:

Date:

Parent Signature:

Date:

## Payment Agreement – Axiom College Representative to complete

### User Choice (DET) – Tuition Fees

Student contribution fees are currently \$\_\_\_\_\_ per nominal hour for each unit of competency within the training plan and are set by the Department of Education & Training QLD.

**Full Exemption from Tuition fees - The following students are exempt from paying tuition fees**

1. School Based Trainees

**Partial Exemption – The following students may receive a partial exemption of tuition fees**

1. The participant was or will be under 17 at the end of February in the year in which the PQS provides training, and the participant has not completed year 12
2. The participant holds a health care card or pensioner card issued under commonwealth law, or is the partner or a dependant of a person who holds a health care card or pensioner concession card, and is named on the card
3. The participant issues the RTO with an official form under Commonwealth law confirming that the participant, his partner or her partner or the person of whom the participant is a dependant, is entitled to concessions under a health care card or pensioner concession card
4. Aboriginal or Torres Strait Islander

Is an exemption being applied? ☐ Yes\* ☐ No

**\*If Yes, and point 2 or 3 for partial exemption applies, please attach evidence to confirm partial exemption, Health Care Card must be valid for the full length of training contract – If it expires before completion participant must provide an updated copy ASAP. (if not attached, must be supplied within 7 days of enrolment)**

Tuition Fee Amount: \$ 0 (Estimate Only)

*Tuition fees are invoiced within 7 days after the training plan has been negotiated and payment will be due within 7 days from invoice*

Tuition fees will be invoiced to and paid by? ☐ Student ☐ Parent/Guardian ☐ Employer

Special Notes for Tuition Fees:

### User Choice (DET) - Employer Contribution

Does an Employer Contribution Fee Apply? ☐ Yes\* ☒ No **\*If Yes, Please specify payment details below**

Total Employer Contribution Fee? \_\_\_\_\_ ☐ Please Invoice Full Amount Due Date: \_\_\_\_\_

Special Notes for Employer Contribution:

### SELF, CLP, OTHER – Contribution Fee – Payment Plan

This invoice will be paid by? ☒ Student ☐ Parent/Guardian ☐ Employer ☐ Other\* – \_\_\_\_\_

*\*If Other (Please Specify)*

Does a fee apply for this enrolment? ☒ Yes\* ☐ No **\*If Yes, Please specify payment details below**

Total Enrolment Fee? 850

☐ Please Invoice Full Amount Due Date: \_\_\_\_\_

☐ Please Invoice as per payment plan outline below

Payment 1 \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Payment 2 \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Payment 3 \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Special Notes for Payment Plan: Payment plans require a credit card and incur a 15% surcharge on the outstanding bal

### Payment Details

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

☐ Please Invoice (Purchase order required) ☐ Cash ☐ Direct Deposit (include invoice number) >>>

Credit card: ☐ Visa ☐ Mastercard ☐ AMEX\* *\*(3% surcharge applies to AMEX)*

Card Number

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Expiry date \_\_\_\_ / \_\_\_\_ CCV/ AMEX ID #: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature \_\_\_\_\_

#### Bank details for direct deposit payments

BSB: 064 123

ACC.: 1021 6131

Name: Axiom College

Send remittance advice via fax or email.

Fax 07 3510 8050 or email [accounting@axiomcollege.com.au](mailto:accounting@axiomcollege.com.au)

**By signing below, I agree I have read and understood Axiom College's Fees and Charges Policy and Refund Policy**

Student Signature:

Parent/Guardian  
Signature

Employer Signature:

RTO Signature:

Date:

Date:

Date:

Date: