



**ATL
Safety Solutions**
STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

Enrolment Form

Information contained in this document is utilised in accordance with ATL SAFETY SOLUTIONS Privacy Policy

Please complete the following form in full and return.

If you have any questions, please contact our customer service staff on:

Phone: 0417 056 879

Email: jackie@atlsafety.com.au

Website: www.atlsafety.com.au

Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Surname:					
Given Names:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		

Section 2 – Identification

Have you completed a Course with ATL Safety Solutions previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Previous Course Name		
Unique Student Identifier (USI)		
ATL SAFETY SOLUTIONS is required by law to verify your Unique Student Identifier (USI) before we can issue certification.		
Do you have a USI?	<input type="checkbox"/> Yes	Your USI No. <input type="text"/>
** Obtaining your USI?	<input type="checkbox"/> No <input type="checkbox"/> I will obtain my own USI from http://www.usi.gov.au/ . I understand that delay in supplying my USI to ATL Safety Solutions may result in delay in course participation and certification. <input type="checkbox"/> I authorise ATL Safety Solutions to obtain a USI on my behalf. I have attached one form of ID.	
Provide at least ONE form of ID (e.g. Driver's License) (Admin Staff will need to sight your ID)		
ID Type:		
ID #:		
ID Sighted (Admin to sign):		
List relevant industry licences you hold		
Examples:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<ul style="list-style-type: none"> • Occupational Licenses • Industry Inductions • First Aid • High Risk 		

Section 3 – Qualification / Course Details

I wish to enrol in the following course:		
Qualification / Course Name:		
Delivery Mode & Commencement:	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online <input type="checkbox"/> Apprenticeship / Traineeship <input type="checkbox"/> Workplace – Based <input type="checkbox"/> School – Based <input type="checkbox"/> Assessment Only (RPL)	Date:
		Time:
		Location:

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Section 4 – Contact Details

Personal Contacts					
Phone: (Home)		Mobile:			
Email:					
Home Address:					
Address:					
Suburb:		State:		Postcode:	
Mailing Address:					
Address:					
Suburb:		State:		Postcode:	
Next of Kin:					
Name:		Relationship:			
Contact Tel:		Mobile No:			

Section 5 – Workplace Details (if applicable)

ATL Safety Solutions:					
Address:					
Suburb:		State:		Postcode:	
Email Address:					
Contact Person:		Work No:			

Section 6 – Marketing Feedback

How did you hear about ATL SAFETY SOLUTIONS?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage /	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> I am a Past Student <input type="checkbox"/> From a past student of ATL Safety Solutions
	Other:	
How did you hear about this course?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend
	Other:	

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Section 6 - Payment			
Responsibility for Payment	<input type="checkbox"/> Client (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian	<input type="checkbox"/> Other: (Please identify)	
Fee Type:	<input type="checkbox"/> Member Rate <input type="checkbox"/> Fee for Service <input type="checkbox"/> Corporate Rate	<input type="checkbox"/> Government Subsidy / Concession: Type:	
Your Concession Type: <i>(Admin Staff will need to sight your ID)</i>	Centrelink No.		
	Job Seeker No.		
	Health Care Card No.		
Total of Fees:			
<ul style="list-style-type: none"> Invoices/receipts will be raised and sent within 7 days of enrolment date. Payment is expected within 14 days. Payment must be made before commencement of course. The Admin and resource fees are payable immediately. No refund is applicable for these fees. Cancellation fees may apply, refer to refund policy. 	Course Fee:	\$	
	Resources Fee:	\$	
	Administration Fee:	\$	
	Total:	\$	
Payment Plan:			
The following payment plan has been negotiated & agreed:	Initial Payment = \$1500 Maximum	Initial Payment (Mx \$1500) =	\$
	Per Unit Fee = \$	As new unit is commenced	\$
Payment Options / Method:			
<input type="checkbox"/> Cash			
<input type="checkbox"/> Cheque	Please make cheques payable to:		
<input type="checkbox"/> Direct Deposit	Account Name: BSB: Account No.		
<input type="checkbox"/> Credit Card	Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Name on Credit Card Credit Card Number: / / / Expiry Date: / / CSV:		
<input type="checkbox"/> Direct Debit	I hereby authorise ATL Safety Solutions to process my regular payment, as per the agreed payment plan stated above, through my Credit Card, as stated above.		
<input type="checkbox"/> Centrepay	Please complete and submit the Centrepay form to Centrelink. Please note your course will not commence until payment has been confirmed.		
<input type="checkbox"/> VET FEE-Help			
Agreement to Payment terms and plan outlined above.			
I hereby agree to the payment terms and plan as outlined.			
Client Signature:		Date:	/ /
RTO Signature:		Date:	/ /

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Section 8 – Personal Information

A. Indigenous Status *(Please choose by placing an X in the boxes that apply to you)*

<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

B. Employment Status *(Please choose by placing an X in the boxes that apply to you)*

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment

C. Disability Status *(Please choose by placing an X in the boxes that apply to you)*

Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?

Yes No – Go to D.

Disability, Impairment or Long-Term Condition:

<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Not Specified

Other:

Do you need any additional support? Yes No

Specify support required:

D. Language and Literacy *(Please choose by placing an X in the boxes that apply to you)*

Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what is your country of birth?	
Please State your Visa Classification (if applicable) – eg 572, 457 etc	
Is English your First Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what language do you usually speak?	
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Minimal <input type="checkbox"/> Well <input type="checkbox"/> Not at all

E. Education *(Please choose by placing an X in the boxes that apply to you)*

What is your highest level of education COMPLETED?

<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Year / Month Completed:	/	School:	

F. Training *(Please choose by placing an X in the boxes that apply to you)*

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Have you completed any other courses / qualifications? (Specify Below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Qualification Level		Discipline /Subject Area		Qualification Level		Discipline /Subject Area	
<input type="checkbox"/>	Certificate I			<input type="checkbox"/>	Diploma/Adv Diploma		
<input type="checkbox"/>	Certificate II			<input type="checkbox"/>	Bachelor		
<input type="checkbox"/>	Certificate III			<input type="checkbox"/>	Post Grad		
<input type="checkbox"/>	Certificate IV			<input type="checkbox"/>	Masters/Doctorate		
<input type="checkbox"/> Other:							
G. Reason for Study (Please choose by placing an X in the boxes that apply to you)							
Which of the following statements best describes your reason for enrolling in this course?	<input type="checkbox"/> Personal Interest			<input type="checkbox"/> To start my own business			
	<input type="checkbox"/> To get a job			<input type="checkbox"/> To develop my existing business			
	<input type="checkbox"/> To get a better job or promotion			<input type="checkbox"/> To try another career			
	<input type="checkbox"/> I want extra skills for my job			<input type="checkbox"/> Meet CPD / license / vocational requirements			
<input type="checkbox"/> Requirement of my job			<input type="checkbox"/> To gain a qualification				
<input type="checkbox"/> Other: (Please identify)							

Section 9 –Client Enrolment and Policy Acceptance Declaration			
I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to ATL Safety Solutions to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.			
I declare that I have read, understood and agree with the following:			Initial
All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.			
PRIVACY The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact Director ATL Safety Solutions.			
REFUND POLICY Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us.			
COLLECTION FEES By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.			
Client Name:			
Client Signature:		Date:	/ /
RTO Staff Name:			
RTO Signature:		Date:	/ /
Admin Use Only			

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Client Name:							
Course Enrolled:							
LLN Assessment completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Enrolment processed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Client File Created:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Invoice Raised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Invoice Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Confirmation Letter Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Training & Assessment Resources Sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Trainer / Assessor Advised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Client Induction Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	