

# STUDENT PERSONAL DETAILS/ COURSE ENROLMENT FORM



*Information collected is within the guidelines of the Privacy Principles contained in the Privacy Act 1988 and will be used solely for SAPOT training activities.*

An application for full time courses is accepted from any person who meets the course pre-requisites. Course places are limited and demand is high; candidates should apply early to ensure a place on the course of their choice.

## Application Checklist

- Complete this Application Form in its entirety – incomplete details may result in the form being returned to you and delay in gaining a place on the course of your choice.
- Provide notated/certified evidence of applicable pre-requisite as appropriate to the qualification applied for.

1. PARTICIPANT PERSONAL		
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Family Name		
Given Name(s)		
Preferred Name		
Date of Birth	Day	Month Year
2. ADDRESS & CONTACT DETAILS		
Address		
Suburb		Postcode:
Phone Number		Email:
Mobile Phone No		
3. EMERGENCY CONTACT or PARENT/GUARDIAN (If Participant is under 18 years of age)		
Name		Relationship:
Address		
Suburb		Postcode:
Phone Number		Email:
Mobile Phone No.		Fax No:
4. EDUCATION HISTORY		
Please list pre requisite certificates/qualifications you may already have gained. If you require more space please attach separate sheet.		
Qualification		Year achieved
Educational Institution		
Qualification		Year achieved
Educational Institution		
5. QUALIFICATION/COURSE YOU WISH TO BE ENROLLED IN		
Course Title		Course Code
Commencement Date		Termination/Completion Date

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## 6. RECOGNITION & CREDIT TRANSFER

<b>Do you wish to apply for?</b>	<i>(Please refer to Student Handbook for further information on the procedures for application for RPL or CT).</i>		
Recognition of Prior Learning for (RPL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has an application/information form been provided to you?
Credit Transfer (CT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## 7. PAYMENT

Payment Method	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order <i>should be made out to SA Plant Operators Training Pty Ltd</i> <input type="checkbox"/> Direct Funds Transfer <i>Please contact us if you wish to pay in this manner</i>		
Cardholder Name			
Card Number	Expiry Date:		
Cardholder Signature as Authorisation	If this is <b>not your personal Credit Card</b> please provide the following details of the Cardholder so that SAPOT can confirm use of their card:		
	Telephone No:	Mobile No:	

**Terms and Conditions:**

- Payment is required to confirm placement and should be received prior to commencement of the training.
- All cancellations must be notified to SAPOT in writing. Registrations must be cancelled more than 11 days prior to course commencement to receive full refund, less administration fee. (Refer to Fees & Refunds Policy for details)
- Registrations cancelled between: 4 -10 days will receive an 80% refund; 1 – 3 days will receive a 50% refund.
- Where no notice is given (i.e. non attendance) no refund will be applicable and the full course fee will be charged.
- All participants are required to provide basic personal protective equipment (PPE) relevant to the course (footwear, hats, eye protection etc.) as appropriate.
- Legal proof of identification is required for all courses.
- You may substitute another participant at any time prior to the commencement of the course, should the nominated person(s) be unable to attend (subject to SAPOT approval).
- SAPOT Reserves the right to cancel or postpone a course to an alternate date. All registered participants affected by such a cancellation will receive a refund or be offered the opportunity to transfer to the next available training program.
- Some training courses are subject to a minimum number of participants required to conduct the training. This may result in courses being cancelled or rescheduled, refer to above.
- Course dates and fees may be subject to change without notice.
- Recognition of Prior Learning (RPL) may be available for this course, if applicable, please confirm prior to enrolment.

**Applicant Declaration:**  
I have read and accept the terms and conditions as detailed above and declare that the information that I have provided is, to the best of my knowledge, true and accurate.

Candidate Signature ..... Date: ..... / ..... / 20....

*If candidate is a minor*  
Parent/Guardian Name ..... Signature.....

### Office Use Only This section is only to be completed by SAPOT

Participant Ref Number	: _____		
Participant Accepted	: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Commencement Date	: ____/____/____	Termination/Completion Date:	____/____/____
Competency Completion Details Entered By:	_____	Date Entered	: ____/____/____

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## 8. ADDITIONAL INFORMATION (INFORMATION IS USED FOR STATISTICAL REPORTING AS REQUIRED BY ACCREDITATION BODY)

\* The Department of Further Education, Employment, Science and Technology collect the required information on this form for the use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes. By completing and lodging this form you will be deemed to consent to that use.

<b>1. Are you of Aboriginal or Torres Strait Islander origin?</b> (For persons of both Aboriginal <u>AND</u> Torres Strait Islander origin, mark both 'Yes' boxes)	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>
<b>2. In which country were you born?</b>	Australia <input type="checkbox"/> Other (Please specify) ..... <input type="checkbox"/>
<b>3. Do you speak a language other than English at home?</b> (If more than one language, indicate the one that is spoken most often)	No, English only <input type="checkbox"/> Yes, other (Please specify) ..... <input type="checkbox"/>
<b>4. How well do you speak English?</b>	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All <input type="checkbox"/>
<b>5. What is your highest <u>COMPLETED</u> school level?</b> (Tick one box only)	Completed year 12 <input type="checkbox"/> Completed year 11 <input type="checkbox"/> Completed year 10 or equivalent <input type="checkbox"/> Completed year 9 or equivalent <input type="checkbox"/> Completed year 8 or lower <input type="checkbox"/> Did not go to school <input type="checkbox"/>
<b>6. In which <u>YEAR</u> did you complete that school level?</b>	
<b>7. Are you still attending secondary school?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>8. Have you successfully completed any of the following qualifications?</b> (if yes, then tick <u>ANY</u> applicable boxes)	No <input type="checkbox"/> Yes, Bachelor Degree or Higher Degree <input type="checkbox"/> Yes, Advanced Diploma or Associate Degree <input type="checkbox"/> Yes, Diploma (or Associate Diploma) <input type="checkbox"/> Yes, Certificate IV (or Advanced Certificate) <input type="checkbox"/> Yes, Certificate III (or Trade Certificate) <input type="checkbox"/> Yes, Certificate II <input type="checkbox"/> Yes, Certificate I <input type="checkbox"/> Yes, Certificates other than above <input type="checkbox"/>
<b>9. Of the following categories, which <u>BEST</u> describes your current employment status?</b> (Tick <u>ONE</u> box only)	Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Self employed – Not Employing Others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – Unpaid Worker in a Family Business <input type="checkbox"/> Unemployed – Seeking Full-time Work <input type="checkbox"/> Unemployed – Seeking Part-time Work <input type="checkbox"/> Not Employed – Not Seeking Employment <input type="checkbox"/>
<b>10. Do you consider yourself to have a disability, impairment or long-term condition?</b> (You may indicate more than one area)	No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Mental Illness <input type="checkbox"/> Yes, Acquired Brain Illness <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Medical Condition <input type="checkbox"/> Yes, Other <input type="checkbox"/>

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<b>11. Of the following categories, which <u>BEST</u> describes your main reason for undertaking this course/traineeship?</b> (Tick <u>ONE</u> box only)	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 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	<input type="checkbox"/>

***Thank you for completing the above information. It will assist in the ongoing development of quality training programs in Australia.***

Please return this completed form with attachments:

**SAPOT**  
**3 Refinery Road,**  
**Lonsdale SA 5160**

Office Use Only	This section is only to be completed by SAPOT	
Participant Ref Number	:	_____
Participant Accepted	:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commencement Date	:	____/____/____
Termination/Completion Date	:	____/____/____
Competency Completion Details Entered By:	_____	Date Entered : ____/____/____