

## ENROLMENT FORM (TAA50104)

<b>Personal Details</b>		Student Number: _____	
Surname:	_____	Phone: (H)	(W)
Given Names:	_____	Fax: (H)	(W)
Date of Birth:	_____	Mobile:	_____
Country of Birth:	_____	Email:	_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Address: (Residential)	_____
Emergency Contact:	_____		_____
Contact Phone:	_____	Postcode	_____
Aboriginal / Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Postal Address; (if different from above)	_____
Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			_____

Do you have any physical or learning disabilities which could prevent you from completing this course? Y  N

### Employment Status

- Employer       Full-Time Employee       Unemployed – Seeking Full-Time Work  
 Self-Employed       Part-Time Employee       Unemployed – Seeking Part-Time Work  
 Employed – Unpaid Family Worker       Unemployed – Not Seeking Employment

Employer's Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____		_____
Email:	_____	Postcode:	_____

### Educational History

Last Institute Attended: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Highest Level Attained: \_\_\_\_\_

### Course Details

Course Code: **TAA50104** Course Name: **Diploma of Training & Assessment**

TAA50104 Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Finish Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*I agree to abide by the rules of Southern Cross International Learning Institute in as far as they may apply to me.*

*I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.*

*I recognise that it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.*

*I hereby give permission to Southern Cross International Learning Institute to verify the authenticity of my qualifications and/or any other documentation as required.*

Signature: \_\_\_\_\_

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

**Intended Study Program**

<i>RPL</i>	<i>Training</i>	Unit No:	Unit Title:
<b>Please tick ONE box only ie Either RPL Or Training</b>			
<input type="checkbox"/>	<input type="checkbox"/>	TAAENV501B	Maintain and enhance professional practice
<input type="checkbox"/>	<input type="checkbox"/>	TAADES501B	Design and develop learning strategies
<input type="checkbox"/>	<input type="checkbox"/>	TAADEL503B	Provide advanced facilitation to support learning
<input type="checkbox"/>	<input type="checkbox"/>	TAAASS501B	Lead and coordinate assessment systems and services
<input type="checkbox"/>	<input type="checkbox"/>	TAACMQ503B	Lead and conduct training and/or assessment evaluations
<input type="checkbox"/>	<input type="checkbox"/>	TAADES502B	Design and develop learning resources
<input type="checkbox"/>	<input type="checkbox"/>	TAADEL502B	Facilitate action learning projects
<input type="checkbox"/>	<input type="checkbox"/>	TAADEL504B	Lead and coordinate training services
<input type="checkbox"/>	<input type="checkbox"/>	TAATAS501B	Undertake organisational training needs analysis
<input type="checkbox"/>	<input type="checkbox"/>	TAATAS504B	Facilitate group processes
<input type="checkbox"/>	<input type="checkbox"/>	TAACMQ502B	Coordinate training and/or assessment arrangements for apprenticeships/traineeships
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT502B	Manage people performance
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR502A	Ensure team effectiveness
<input type="checkbox"/>	<input type="checkbox"/>	TAACMQ501B	Develop training and/or assessment organisational policies and procedures

**Fee structure**

Full Diploma TAA      **\$3600.00**      Upgrade from BSZ40198      **\$2400.00**  
 RPL Full Course      **\$1600.00**

A deposit is required on enrolment.

**Payment Method**

A tax invoice and receipt will be sent on receipt of payment.

I am paying \$..... as <input type="checkbox"/> Deposit <input type="checkbox"/> Full Course Fee	
<input type="checkbox"/> Cheque/money order payable to: <i>Southern Cross International Learning Institute</i> <input type="checkbox"/> Direct Deposit	<b>DIRECT DEPOSIT DETAILS:</b> Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 358148 Account: Shincrest P/L Name: T/A Southern Cross International Learning Institute (SCILI)
<input type="checkbox"/> I would like to pay by credit card ( <i>please complete your credit card details</i> ): Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa	
Card Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date:    __/__/__
Cardholder Name: _____	Cardholder Signature: _____