

ENROLMENT FORM (TAE40110) C3

Personal Details		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: **TAE40110** Course Name: **Cert IV in Training and Assessment (TAE)**

TAE40110 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

<u>RPL</u>	<u>Training</u>	<u>Unit No:</u>	<u>Unit Title:</u>
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	TAEDES401A	Design and develop learning programs
<input type="checkbox"/>	<input type="checkbox"/>	TAEDES402A	Use Training Packages and accredited courses to meet client needs
<input type="checkbox"/>	<input type="checkbox"/>	TAEDEL401A	Plan, organise and deliver group-based learning
<input type="checkbox"/>	<input type="checkbox"/>	TAEDEL402A	Plan, organise and facilitate learning in the workplace
<input type="checkbox"/>	<input type="checkbox"/>	TAEASS401B	Plan assessment activities and processes
<input type="checkbox"/>	<input type="checkbox"/>	TAEASS402B	Assess competence
<input type="checkbox"/>	<input type="checkbox"/>	TAEASS403B	Participate in assessment validation
<input type="checkbox"/>	<input type="checkbox"/>	TAEASS301B	Contribute to assessment
<input type="checkbox"/>	<input type="checkbox"/>	BSBLED401A	Develop teams and individuals
<input type="checkbox"/>	<input type="checkbox"/>	BSBCMM401A	Make a presentation

Fee structure

Full TAE40110	\$1850.00	Full Course w/BSZ40198	\$1200.00
Recognition of Prior Learning (RPL) TAE40110	\$950.00		
Upgrade from BSZ40198	\$ 750.00	Upgrade from BSZ40198 Group Min.4	\$650.00
Upgrade from TAA40104	\$ 250.00		

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	DIRECT DEPOSIT DETAILS: 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: [] - [] - [] - []	Expiry Date: __/__/__
Cardholder Name: _____	Cardholder Signature: _____