

Enrolment Form

Acoustar Work, Health and Safety Training Centre

ACOUSTAR CONTACT INFORMATION

Phone: (7) 3355 9707

Fax: (7) 3355 7210

Email: enrol@acoustar.qld.edu.au

Web: www.acoustar.qld.edu.au

SUBMIT FORM:

You may fill and submit this enrolment form electronically. Type answers directly into the PDF, click the checkboxes where required and sign the file as instructed. Click "Save As" at the end of the form and email the completed form to:

enrol@acoustar.qld.edu.au

STUDENT INFORMATION

SURNAME: _____

FIRST NAME(S): _____

UNIQUE STUDENT IDENTIFIER (USI) _____

(Please apply for your USI at www.usi.gov.au)

CONTACT INFORMATION

PHONE (or MOBILE) NUMBER: _____

EMAIL ADDRESS: _____

PLEASE INDICATE WHICH PROGRAM(S) YOU WISH TO ENROL IN:

The training programs and units offered are listed on the next page.

Training is based at our training room in Brisbane. Full details of the training programs and courses offered are available in the Course Overview handbook, available from the Acoustar website.

Student information is provided in the Student Handbook also available from the Acoustar Website.

FEES FOR TRAINING PROGRAMS OR UNITS

The fees and payment terms and conditions are stated in the 'Fees Policy' document on the Acoustar website – www.acoustar.qld.edu.au

PROGRAM	Units	Fee	ENROL
BSB41415 Certificate IV in Work Health and Safety			
Complete BSB41415 Program	10 Units	\$1960.00	<input type="checkbox"/>
Individual Units			
BSBWHS402 Assist with compliance with WHS laws	1 Unit	\$196.00	<input type="checkbox"/>
BSBWHS403 Contribute to implementing and maintaining WHS consultation and participation processes	1 Unit	\$196.00	<input type="checkbox"/>
BSBWHS404 Contribute to WHS hazard identification, risk assessment and risk control	1 Unit	\$196.00	<input type="checkbox"/>
BSBWHS405 Contribute to implementing and maintaining WHS management systems	1 Unit	\$196.00	<input type="checkbox"/>
BSBWHS406 Assist with responding to incidents	1 Unit	\$196.00	<input type="checkbox"/>
BSBWHS409 Assist with workplace monitoring processes	1 Unit	\$196.00	<input type="checkbox"/>
BSBCMM401 Make a presentation	1 Unit	\$196.00	<input type="checkbox"/>
BSBMGT403 Implement continuous improvement	1 Unit	\$196.00	<input type="checkbox"/>
BSBRSK401 Identify risk and apply risk management techniques	1 Unit	\$196.00	<input type="checkbox"/>
BSBSUS401 Implement and monitor environmentally sustainable work practices	1 Unit	\$196.00	<input type="checkbox"/>
MSS11 Sustainability			
MSS025008 Monitor and Evaluate Noise (Level 5 AQF)	1 Unit	\$2240.00	<input type="checkbox"/>
MSS025008 Monitor and Evaluate Noise (Level 8 AQF)	1 Unit	\$3810.00	<input type="checkbox"/>
MSS025008 Monitor and Evaluate Noise and MSS027008 Coordinate noise management activities (Level 8 AQF)	2 Units	\$7620.00	<input type="checkbox"/>

Would you like Acoustar to contact you to further discuss your enrolment?

No

Yes, via phone

Yes, via email

FEES ARE CHARGED ON THE DAY YOUR TRAINING PROGRAM COMMENCES.

FEES ARE NOT CHARGED IN ADVANCE.

PLEASE HELP US IN DEVELOPING OUR TRAINING PROGRAMS

How did you find Acoustar?

- | | |
|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Search engine |
| <input type="checkbox"/> Forum | <input type="checkbox"/> Website link |
| <input type="checkbox"/> Print ad | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Trained with previously | <input type="checkbox"/> Other: _____ |

COMMENTS:

Please list any questions you may have and / or any relevant personal details pertaining to your course enrolment (i.e. qualifications to be considered for RPL)

Please write briefly about your reasons for study and how they relate to your personal goals and career path.

Do you have any skills or work experience relevant to your chosen course of study?

If yes, please describe.

Yes

No

Have you previously undertaken this style of training?

Yes

No

TRAINING AGREEMENT

This section must be read and completed by the student for all enrolments

I understand that:

- By signing this agreement, I acknowledge that I have received sufficient, clear information about the training program I have chosen, the services to be provided by Acoustar and the outcomes to be expected from successfully completing the training program.
- I have read the Study Guide for the unit(s) I wish to study (or apply for Recognition of Prior Learning) and understand the work involved.

I accept and agree to payment of the relevant fees on receipt of the fee invoice.

NAME: _____ (Please print)

SIGNATURE: _____ **DATE:** ___/___/___

***You can sign this for electronically using Adobe Reader. Click the 'Fill & Sign' tab in the top right, then click 'Place Signature' and follow the prompts.**

**Please carefully read and sign the Student Indemnity Agreement
on the next page before submitting the enrolment form.**

The Acoustar Work, Health and Safety Training Centre
is a Division of
Noise Measurement Services Pty Ltd, PO Box 2127 Brookside Centre, Qld 4053

Phone: (7) 3355 9707
Fax: (7) 3355 7210

Email: enrol@acoustar.qld.edu.au

Web: www.acoustar.qld.edu.au

RTO Registration Identifier Code 41013

STUDENT INDEMNITY AGREEMENT

IN CONSIDERATION of the Organiser (Acoustar) permitting me to participate in the training program I agree with it as follows:

1. **I UNDERSTAND** that participating in any type of training or activity may be present in varying forms of **RISK** and possible hazards and I voluntarily **ACCEPT** the risk of damage consequent upon or arising from my entry as a student, and the use of the Organiser's facilities.
2. **I WILL NOT SUE** the Organisers for any negligence, tort, breach of contractual or any other legal or equitable rights howsoever caused, and this indemnity will extend to and include any damage arising from my participation in a training course and from my use of the Organiser's facilities and **I INDEMNIFY** the Organisers in respect of the same.
3. **I WILL** abide by the Rules of the Organisers as to the training and to the use of the Organiser's facilities and the directions of the Organiser's officials.
4. **THE PERSONAL INFORMATION** I have supplied to the Organiser regarding my qualifications, experience and any other matter associated with the training is true and correct and I have **READ AND UNDERSTOOD** all of the clauses of this agreement before accepting the same and before my use of the Organiser's facilities or before any participation in training.

5. **IN THIS AGREEMENT** the following words shall respectively mean:

"The Student" - the person named as such on this application form.

"The Organiser" – Acoustar (any campus or organisation associated with an Acoustar training centre, Registered Training Organisation or company), Acoustar and any teachers, lecturers, instructors, directors, officers, managers, advisors, employees, agents, licensees, subcontractors, subsidiaries, holding companies, associates and assignees, or any person associated with the company in any way; the course participation venue, company in control of the venue or any company or person authorising the use of the training venue, its directors, officers, managers, advisors, employees, agents, licensees, subcontractors, subsidiaries, holding companies, associates and assignees or any person or company associated with the company or person in any way.

"The Organiser's facilities" - the land and buildings associated with any training or any part of the training, training resources, accommodation or training venue.

"use of the Organiser's facilities" - the use by the student or his / her attempted use of the Organiser's facilities whether such use or access is in breach of this agreement or the Organiser's Rules and Regulations or authorised or otherwise and whether intended to be so used or not.

"damage" - all loss or damage, costs or expenses, whether direct or indirect flowing from any legal liability, claim, demand, right of action, proceedings or judgment of whatever nature and whether arising at law or in equity and whether suffered to the person or property of the Organiser, the Student, or any other person or corporation and whether arising out of or consequent upon the negligence of the Organiser, the Student or otherwise.

"Rules" - the Rules are the Rules relating to any Training which is available from the Organiser, and includes all amendments or alterations to the Rules made from time to time.

I have read and understood the Student Indemnity Agreement (above).

NAME: _____ (Please print)

SIGNATURE: _____ **DATE:** ___/___/___

***You can sign this for electronically using Adobe Reader. Click the 'Fill & Sign' tab in the top right, then click 'Place Signature' and follow the prompts.**

The following information is requested by the Commonwealth of Australia for the purposes of the Australian Vocational Education and Training Management Information Statistical Standard.

Please complete the questionnaire.

Standard enrolment questions

Introduction

The following questions are provided to assist with collecting student data in an AVETMISS-compliant format. The use of standard enrolment questions supports the capture of compatible and comparable data over time. We recommend that the sequence and wording of questions are maintained.

Data element names in italics below the questions link the standard enrolment question to the *AVETMISS VET Provider Collection specifications* and the *AVETMISS data element definitions*.

Personal details

1. Enter your full name

Family name (surname)

Given names

Name for encryption

2. Enter your birth date

Day/month/year | | |

Date of birth

3. Sex (Tick ONE box only)

Male M

Female F

Sex

4. What is the address of your usual residence?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

Address building/property name

Address flat/unit details

Address street number

Address street name

Address location – suburb, locality or town

State identifier

Postcode

5. What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

*Address building/property name**Address flat/unit details**Address street number**Address street name**Address postal delivery box**Address location – suburb, locality or town**State identifier**Postcode***Language and cultural diversity**

6. In which country were you born?

Australia 1101

Other - please specify

Country identifier

7. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only 1201 **English only - Go to question 9**

Yes, other - please specify

Language identifier

8. How well do you speak English?

Very well 1Well 2Not well 3Not at all 4*Proficiency in spoken English identifier*

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander *Indigenous status identifier*

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N **No - Go to question 12**

Disability flag

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area)

Hearing/deaf 11

Physical 12

Intellectual 13

Learning 14

Mental illness 15

Acquired brain impairment 16

Vision 17

Medical condition 18

Other 19

Disability type identifier

Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent 12

Year 11 or equivalent 11

Year 10 or equivalent 10

Year 9 or equivalent 09

Year 8 or below 08

Never attended school 02

Never attended school - go to question 14

Highest school level completed identifier

13. In which YEAR did you complete that school level?

Year highest school level completed

14. Are you still attending secondary school?

Yes Y

No N

At school flag

Previous qualifications achieved

15. Have you SUCCESSFULLY completed any of the following qualifications?

Yes Y

No N **No - go to question 17**

Prior educational achievement flag

16. If YES, then tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>	008
Advanced diploma or associate degree	<input type="checkbox"/>	410
Diploma (or associate diploma)	<input type="checkbox"/>	420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	511
Certificate III (or trade certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Certificates other than the above	<input type="checkbox"/>	990

Prior educational achievement identifier

Employment

17. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

Full-time employee	<input type="checkbox"/>	01
Part-time employee	<input type="checkbox"/>	02
Self employed - not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed - unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed - seeking full-time work	<input type="checkbox"/>	06
Unemployed - seeking part-time work	<input type="checkbox"/>	07
Not employed - not seeking employment	<input type="checkbox"/>	08

Labour force status identifier

Study reason

18. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

To get a job	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
For personal interest or self-development	<input type="checkbox"/>	12
Other reasons	<input type="checkbox"/>	11

Study reason identifier