

# Enrolment Form

Information contained in this document is utilised in accordance with Smartskill Pty Ltd Privacy Policy

**Please complete the following form in full and return.**

If you have any questions please contact Administration on  
[admin@smartskill.com.au](mailto:admin@smartskill.com.au) or 1300 650 378

Post: PO Box 6337, YATALA DC. 4207

Email: [training@smartskil.com.au](mailto:training@smartskil.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 Smartskill Pty Ltd previously?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
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Previous Course Name	
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### Unique Student Identifier (USI)

Smartskill Pty Ltd 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.															
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Obtaining your USI?	<input type="checkbox"/> I authorise Smartskill Pty Ltd to obtain a USI on my behalf. I have attached one form of ID.
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**Provide at least TWO forms of Identification ( e.g. Drivers Licence, Medicare Card, Australian Passport, Birth Certificate)**  
*(Administration Staff will need to copy your ID front and back for Medicare and Drivers Licence)*

ID Type:	1.	2.
ID Number:		
ID copied		
ID Type:	3.	4.
ID Number:		
ID copied		

### List relevant industry licences you hold

Examples:	<input type="checkbox"/>
• Occupational Licenses	<input type="checkbox"/>
• Industry Inductions	<input type="checkbox"/>
• First Aid	<input type="checkbox"/>
• High Risk	<input type="checkbox"/>

## Section 3 – Qualification / Course Details

I wish to enrol in the following course:

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

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## Section 4 – Contact Details

### Personal Contacts

Phone: (Home)		Mobile:	
Email:			
<b>Home Address:</b>			
Address:			
Suburb:		State:	Postcode:
<b>Mailing Address:</b>			
Address:			
Suburb:		State:	Postcode:
<b>Next of Kin :</b>			
Name:		Relationship:	
Contact Tel :		Mobile No:	

## Section 5 – Workplace Details (if applicable)

Company Name:			
Address:			
Suburb:		State:	Postcode:
Email Address :			
Contact Person:		Work No:	

## Section 6 – Marketing Feedback

<b>How did you hear about Smartskill</b>	<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 Smartskill
	Other :	
<b>How did you hear about this course?</b>	<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 7 - Payment

<b>Responsibility for Payment</b>	<input type="checkbox"/> Client (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian	<input type="checkbox"/> Other: (Please identify)	
<b>Fee Type :</b>	<input type="checkbox"/> Member Rate <input type="checkbox"/> Fee For Service <input type="checkbox"/> Corporate Rate	<input type="checkbox"/> Government Subsidy / Concession: Type :	
<b>Your Concession Type:</b> (Admin Staff will need to sight your ID)	Centrelink No.		
	Job Seeker No.		
	Health Care Card No.		
<b>Total of Fees :</b>			
<ul style="list-style-type: none"> <li>Invoices/receipts will be raised and sent within 7 days of enrolment date.</li> <li>Payment is expected within 14 days.</li> <li>Payment must be made before commencement of course.</li> <li>The Admin and resource fees are payable immediately. No refund is applicable for these fees.</li> <li>Cancellation fees may apply, refer to refund policy.</li> </ul>	<b>Course Fee :</b>	\$	
	<b>Resources Fee :</b>	\$	
	<b>Administration Fee:</b>	\$	
	<b>Total:</b>	\$	
<b>Payment Plan :</b>			
The following payment plan has been negotiated & agreed by the Director of Smartskill	Initial Payment = \$	Initial Payment	\$
	Per Unit Fee = \$	As new unit is commenced	\$
<b>Payment Options / Method :</b>			
<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:		
<b>Agreement to Payment terms and plan outlined above.</b>			
I hereby agree to the payment terms and plan as outlined.			
<b>Client Signature:</b>		<b>Date:</b>	/ /
<b>Smartskill Signature:</b>		<b>Date:</b>	/ /

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## Section 8 – Personal Information

### A. 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

### B. 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:	
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### C. Training *(Please choose by placing an X in the boxes that apply to you)*

Have you completed any other courses / qualifications? (Specify Below) ☐ Yes ☐ 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	

☐ Other :

### D. 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 get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job	<input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> Other: (Please identify)	

### E. 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) – 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

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## F. 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

Disability, Impairment or Long-Term Condition:

☐ Hearing / Deafness ☐ Physical/mobility ☐ Medical Condition

☐ Vision ☐ Intellectual ☐ Mental Illness

☐ Acquired Brain Impairment ☐ Learning ☐ Not Specified

☐ Other :

Do you need any additional support? ☐ Yes ☐ No

Specify support required :

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

☐ Yes, Aboriginal ☐ Yes, Aboriginal and Torres Strait Islander

☐ Yes. Torres Strait Islander ☐ No, Neither Aboriginal or Torres Strait Islander

## 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 Smartskill Pty Ltd 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 have approved that assistance may have been given in the completion of this enrolment form by a staff member from Smartskill Pty Ltd.

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 the Director Smartskill Pty Ltd.

### PHOTOGRAPHIC CONSENT

I, the undersigned person agree to and provide permission for the photographic, video, audio or any other form of electronic recording of me to be collected by Smartskill Pty Ltd. I authorise the use or reproduction of any image/recording referred to above for the purposes of assessment evidence or publishing materials related to the activities, programs without acknowledgment and without being entitled to remuneration or compensation. The image/recording may appear in print, electronic, or video media, and may be available to a global audience through the internet.

### 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 [www.smartskill.com.au](http://www.smartskill.com.au) or contact us.

# Enrolment Form

## 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:**

/ /

**Smartskill Staff Name:**

**Smartskill Signature:**

**Date:**

/ /