

ENROLMENT FORM

If you require any assistance in completing this Enrolment Form, or have any other questions, please contact Project Management Training Australia Pty Ltd on Toll Free **1800 851-371** or email at contact@mercurytraining.com.au

1. PERSONAL DETAILS - Required

Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <small>(please specify)</small>
Family Name/Surname:					
Given Names:					
Date of Birth: <small>(dd/mm/yyyy)</small>				Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Residential Address:	Number and Street Name			Suburb:	
	State/Territory			Postcode	
Postal Address (or 'As Above')	Number, Box, Street Etc			Suburb	
	State/Territory			Postcode	
Email Address:					
Telephone Numbers:	Work:	Mobile:	Home:		
Emergency Contact Details:	Name:	Relationship:		Phone:	
	Number & Street Name:			Suburb	
				Postcode	

2. COURSE / TRAINING INFORMATION - Required

Name of course or qualification in which you wish to enroll:	<input type="checkbox"/> Certificate IV in Project Management (BSB41507)
	<input type="checkbox"/> Diploma of Project Management (BSB51407)
	<input type="checkbox"/> Introduction to Project Management
Location:	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne <input type="checkbox"/> Adelaide <input type="checkbox"/> Perth <input type="checkbox"/> Canberra <input type="checkbox"/> Other
Course Commencement Date	

3. CURRENT EMPLOYMENT INFORMATION - Required

Business Name:	
Business Address:	
Job Title / Role:	

4. CURRENT EMPLOYMENT STATUS - Optional

Of the following categories, which BEST describes your current employment status? (Tick ONE only)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Unemployed – Seeking Fulltime work	<input type="checkbox"/> Self Employed – Not Employing Other
<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Unemployed – Seeking Part-time work	<input type="checkbox"/> Employed – unpaid worker in family business
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – Not seeking work	

5. CULTURE AND LANGUAGE DIVERSITY - Optional

Are you of Aboriginal origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you of Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you born in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> (if No, in which country were you born?)	
Do you speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/> Please specify:	

6. EDUCATION - Optional

What was your highest completed school level?

- Year 12 or Equivalent Year 11 or Equivalent Year 10 or Equivalent
 Year 9 or Equivalent Year 8 or below Never attended school

In what YEAR did you complete that level of school? _____

Have you completed any of the qualifications listed below (Tick boxes)

- Bachelor Degree or Higher Degree Advanced Diploma or Associate Degree
 Diploma or Associate Diploma Certificate IV (or Advanced Certificate / Technician)
 Certificate III (or Trade Certificate) Certificate II
 Certificate I Certificates other than those listed (Please specify below)

7. REASON FOR STUDY / TRAINING - Optional

Which of the following best describes your reason for wanting to enroll in this course / qualification?

- Get a job To try a different career
 To develop my existing business To get a better job or promotion
 To start my own business It is a requirement of my job
 I want extra skills for my job To get into another course of study
 For personal interest or self development Other reasons

8. DISABILITY INFORMATION - Optional

Do you consider yourself as having any disability, impairment or long term medical condition? Yes No

If you answered 'Yes' to the above question would you please indicate the nature of the condition/s. You may tick more than one box

- Hearing / Deaf Physical Intellectual Learning
 Mental Illness Acquired Brain impairment Vision Medical condition
 Other (Please specify) _____

Are there any adjustments that you believe may need to be made in order for you to be successful in this training? No Yes

If you tick 'Yes' to the previous question please contact Mercury Training to discuss what these needs may be.

9. RECOGNITION OF PRIOR LEARNING (RPL) - Optional

Will you be applying for (or considering applying for) Recognition of Prior Learning (RPL)? No Yes

If you answered 'Yes' to the above question, a Project Management Training Australia Pty Ltd Training Consultant will contact you on receipt of this Enrolment Form.

10. COURSE FEES & PAYMENT DETAILS

Once you have submitted a completed and signed copy of this enrolment form to Project Management Training Australia Pty Ltd, you will be sent a Tax Invoice for payment of the relevant course fees. Course Fees can be paid via EFT, Direct Credit, Cheque or through PayPal. Your place in the relevant Training Course is NOT confirmed until the appropriate payment has been received.

COURSE FEES

For detailed information regarding individual course fees, please refer to the PMTA Website and the relevant Course Fact Sheet

REFUNDS & TRANSFERS

For information regarding fee Refunds and Transfers, please refer to the PMTA website and the Student Handbook. All PMTA Invoices contain information on the Refunds and Transfers Policy.

11. YOUR PRIVACY

Project Management Training Australia Pty Ltd collects students' personal information for a variety of reasons, including to:

- provide Training and Assessment Services to you
- Maintain records of training completed and of Certificates and Statements of Attainment issued
- Maintain our own financial and business records
- As a requirement of registration as a Registered Training Organisation.

The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Employment, Education and Workplace Relations. 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.

Project Management Training Australia Pty Ltd maintains reasonable physical, electronic, and procedural safeguards to protect Personal Information from loss, misuse, unauthorized access, disclosure, alteration and destruction. As part of those precautions, we utilise technologies designed to safeguard the data during its transmission. However, there is no method of transmitting or storing data that is completely secure. All forms of data communication including postal mail, telephone calls, emails, faxes and the internet all present possibilities of loss, misrouting, interception and misuse.

Project Management Training Australia's Privacy Policy is available on request.

12. APPLICANT DECLARATION - Required

I have read the Policies contained in the Project Management Training Australia Pty Ltd Student Handbook and, by signing this application, I agree to abide by those Policies.

I understand that the information contained in this enrolment form may be used in accordance with the conditions outlined in Section 11 above, and in the Privacy Policy Section of the Student Handbook.

I have personally completed this enrolment and the details provided are accurate as at the date of entry.

NAME	SIGNATURE	DATE

CALL TOLL FREE 1800 851 371

Project Management
Training Australia Pty Ltd
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Fax 1800 852 371

OFFICE USE ONLY

				By whom
DATE RECEIVED/...../.....	Via	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax	
RECEIPT CONFIRMED WITH APPLICANT/...../.....	Via	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax	
STUDENT FILE CREATED/ RE-ACTIVATED ON/...../.....			
BOOKED INTO RELEVANT COURSE <input type="checkbox"/>		COURSE ID #		
INVOICE CREATED	DATE:/...../.....	INV.NUMBER #:	AMOUNT:	
INVOICE SENT	DATE:/...../.....	Via	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax	
ENTERED INTO DATABASE	DATE:/...../.....	Database Record Number:		

COMMENTS

DATE	INIT.	COMMENTS

DOCUMENT LOCATION: E:\Mercury Training\Business Operations\Student Management\Enrolment Form v2.docx