

## Tech Skills Australia RTO (52737) Enrolment Form

### Enrolment Form

Please complete the following form in full and return. If you have any questions, please contact our customer service staff on: 08 93531012 or, visit our website at : <a href="http://www.techskillsau.com.au">www.techskillsau.com.au</a>	Post: Email: Fax:
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### Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Surname:	
Middle Name:	-
Given Names:	
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:

### Section 2 – Identification

Have you completed a Course with TSA previously?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
Previous Course Name	
<b>Unique Student Identifier (USI): ( not for international students)</b>	
TSA is required by law to verify your <b>Unique Student Identifier (USI)</b> before we can issue certification.	
Do you have a USI?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>Your USI No.</b>
Obtaining your USI?	<input checked="" type="checkbox"/> No <input type="checkbox"/> I will obtain my own USI from <a href="http://www.usi.gov.au/">http://www.usi.gov.au/</a> . I understand that delay in supplying my USI to TSA may result in delay in course participation and certification. <input type="checkbox"/> I authorise TSA to obtain a USI on my behalf. I have attached one form of ID.
<b>Provide a copy of ID (e.g. Passport, Driver's License) (Admin Staff will need to sight your ID)</b>	
ID Type:	ID Card    2171031808829018
ID #:	Passport
ID Sighted (Admin to sign):	
<b>Are you an Australian Qualified Electrician?:</b> <input type="checkbox"/> YES    or <input checked="" type="checkbox"/> No <b>If yes, please send a photo of your license to TSA on <a href="mailto:info@techskillsau.com.au">info@techskillsau.com.au</a></b>	

### Section 3 – Qualification / Course Details

I wish to enrol in the following course:	
Qualification / Course Name:	EEHA – Electrical Equipment in Hazardous Areas
Delivery Mode & Commencement	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online <input type="checkbox"/> Apprenticeship/Traineeship <input type="checkbox"/> Workplace – Based <input type="checkbox"/> School – Based
	Time:
	Location: Mega Legenda – Batam Center

### Enrolment Form

 Assessment Only (RPL)

#### Section 4 – Contact Details

##### Personal Contacts

Phone: (Home)		Mobile:	
Email:			
<b>Home Address:</b>			
Address:			
Suburb:	State:	Indonesia	Postcode:
<b>Mailing Address:</b>			
Address:			
Suburb:	State:	Indonesia	Postcode:

#### Section 5 – Workplace Details (if applicable)

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

#### Section 9 – Client Enrolment and Policy acceptance Declaration

I, ILhamdi Herizul, 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 TSA 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 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.

Ok

##### **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. I have read and understood TSA Privacy Policy.

Ok

##### **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 [www.techskillau.com.au/policy](http://www.techskillau.com.au/policy)

Ok

### Enrolment Form

<b>COLLECTION FEES</b>			Ok
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.			
<b>Client Name:</b>			
<b>Client Signature:</b>		<b>Date:</b>	/ /
<b>RTO Staff Name:</b>			
<b>RTO Signature:</b>		<b>Date:</b>	/ /

### TSA Admin Use Only

<b>Client Name:</b>							
<b>Course Enrolled:</b>							
<b>LLN Assessment completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Enrolment processed in SMS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Client File Created:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Invoice Raised:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Invoice Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Confirmation Letter Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Training &amp; Assessment Resources Sent</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Trainer / Assessor Advised:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Client Induction Completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<b>Date:</b>	/ /	<b>Initial:</b>	