

COURSE INFORMATION (Office Use Only)									
Course Program:									
Course Code and	d Name:								
Course Fee:									
Course Duration:									
Student to comp	lete all secti	ione in F	SI OCKLI	TTERS (Tick a box w	here required)			
Section 1 - STU			<u>JEOURE</u>	TIENO	TICK & BOX W	nere required)			
Title	Miss	Ms	Mrs	Mr	Dr				
First Name						Further Studies	Since leaving so completed furth		Yes No
Middle Name						If 'Yes', pleas	se tick the HIGHE	ST achieved in:	Australia Oversea
Family Name						Bachelor o	or Higher Degree	Certificate II	0101000
Date of Birth		F	emale	Male	Others	Advanced		Certificate I	
Email		<u> </u>			l	Diploma		Miscellaneo	us
Mobile Phone						Certificate	IV	Industry Tick	ket
USI						□ Certificate III		Adult Educa	
If you do not have a	a USI number	r, please a	apply via	nttps://www	<u>/.usi.gov.au/</u>			eason for further tra	aining?
WWCC Number			To get a job						
If you do not have a WWCC number, please apply via https://ocg.nsw.gov.au			To gain extra skills for my job						
Home Address:			To get a better job or promotion						
Street Address				It is a requirement of my job To try for a different career					
Suburb/Town									
Postcode	DI #-1			1	4-4 bl		nterest/self-devel	<u> </u>	
Employment Full Time Emp		your cui	rrent emp	ioyment s	tatus below:		ny existing busine	•	
Part Time Employed				wn business					
Employer Name if currently employed:			Other reas						
Are you working in Early Childhood sector? Yes No					vealth welfare benef	fits?			
If YES, Service Name:			-		if any below is app				
If NO, Are you planning to work in Early Childhood sector?				acried evidence	Veterans' Childre				
Yes No			Austudy		Education Scheme				
Self Employed not employing others			Carer Payment (not Veterans'						
Unemployed – seeking full or part time work			Carer Allowance or Affairs Pension Carer Adjustment Pay)						
			Disability		Wife Pension				
Not Employed – not seeking employment			Support Pens		Age Pension				
Unemployed – long term unemployed			Part A (maxra	amily Tax Benefit Age Pension A (maxrate)					
Birth Country	Were you b	you born in Australia? Yes No			☐ Farm Hous Allowance	sehold	Widow 'B' Pension		
If 'No' then where	e were you b	orn?				Job Seeke	ers	Widow Allowance	!
Town of Birth						Parenting Payment (sin	iale)	Youth Allowance	
Citizenship	Australian (Citizen		w Zealand itizen	d	Are you living Housing or ar NSW Housing	in NSW Social re you on the	Yes No	
,	Permanent	t Dooids	Te	Temporary or Humanitarian Visa				se attached evidenc	;e)
	remanen	ı nesidel	'' H			Primary (at le	east 1 doc)	Secondary (at least	1 doc)
	i					1			



ATSI	Are you of Aboriginal or	Yes No If yes, Aboriginal	Passport Driver Licence	Medicare Bank Card
	Torres Strait Islander origin?	Torres Strait Islander	Photo ID	Health Care/Concession Card

Language	Is English your first language?		Yes	No	Disability	Do you have a disability?		No ached evidence
If not English, what is your first language?				If yes please tick all applicable box/es below :				
How well is your English? Well Not Well				Hearing/Doof	Dhysical In	tallastual	Learning	
Schooling	ooling Are you still at school? Ye		Yes	No	Hearing/Deaf	Physical In	tellectual	Learning
What is the highest level completed at school?				Acquired Brain Im	pairment Mer	ntal Illness'	Vision	
Year 8 Year 9 Year 10 Year completed		oleted:		Others:				
Year 11 Year 12 Did not attend		mpleted:		Additional Learning	Support			
					Do you require literacy	, disability or spe	cial Yes	. No
Are you planing to be registered as Traineeships or Yes			es	learning support?				
Apprenticeships for this qualification?			N	lo	Have you taken any o	other qualification	this year?	Yes No

Section 2 - LANGUAGE LITERACY AND NUMERACY EVALUATION

PEAK Training must identify any support individual learners needs to successfully complete Full Qualifications or Short Courses. PEAK training will carefully review each student's enrolment form and assess each individual needs. Peak Training may require prospective students to complete a Language, Literacy and Numeracy (LLN) assessment to determine the level of support required. If an assessment is required, you will be contacted by a Trainer during the enrolment process.

Section 3 - ENROLMENT FEE

Peak Training accepts enrolments to our email: <u>info@peaktraining.net.au</u>. **Non Refundable Enrolment Fee** of \$200 is payable at the time of enrolment form is processed and is for full qualification enrolment only. Payment is required in full for short courses.

Invoice Details: Invoice to be raised in the Student's Name

Invoice to be raised in the Employer's Name below

Employer Name:
Contact Person:
Contact Number:

Email:

Section 4 - PAYMENT AND INVOICE DETAILS

Credit Card:		Bank Transfer:	Pay Online:
VISA Name of Cardholder: Card Number: Expiry Date:	MasterCard	Financial Institution: Westpac Account Name: Peak Training BSB Number: 032 272 Account Number: 162368 Reference: Your Full Name *send receipt to: info@peaktraining.net.au	***For Short Courses Only Order Number:

Section 5 - COURSE FEE AND REFUND POLICY

Your full course fee will be determined once your enrolment form is processed and you have agreed to a fee schedule.

Refunds are not available after commencement of the course.

Peak Training cannot accept payment in advance of more than \$1500 for any single accredited course.



AL INFORMATION

Section 6 - CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION
l,
(First, middle and last name)
of
(current residential address)
with date of birth
understand and agree that, under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, PEAK Training is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the Nationa Centre for Vocational Education Research Ltd (NCVER).
My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by PEAK Training for statistical, regulatory and research purposes. PEAK Training may disclose my personal information for these purposes to third parties, including:
School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship; - School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
 Employer – if I am enrolled in training paid by my employer; Commonwealth and State or Territory government departments and authorised agencies, including the NSW
Department of Education (Department);
NCVER;
Organisations (including the Department) conducting student surveys; and

- including a school-based apprenticeship or traineeship;
- artments and authorised agencies, including the NSW
- udent surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

•	administered by an NCVER employee, agent or third party contractor.
I may opt out of the survey at the time of being contacte	ed. I Information in accordance with the Privacy Act 1988 (Cth), the VET
Data Policy and all NCVER policies and protocols (inclu	uding those published on NCVER's website at www.ncver.edu.au). The ther Australian government agencies, including those located in States
The above government agencies may use my Persona	I Information for any purpose relating to the exercise of their
-	valuation and assessment of my training, the determination of my exemptions or Concessions. My Personal Information may also be
	contact me by telephone, email or post, during or after I have ceased
subsidised training with PEAK Training for the purpose:	
I declare that the information I have provided to the best consent to the collection, use and disclosure of my Pe	•
r consent to the conection, use and disclosure of my re	asonal information in the manner outlined above.
PRINT FULL NAME:	
SIGNATURE:	DATE:
Note: If under 18 years of age at the time of giving cons	sent, then the consent of their guardian is required
PRINT FULL NAME OF GUARDIAN:	
SIGNATURE OF GUARDIAN:	DATE:



Section 8 - STUDENT DECLARATION

I declare:

I have been given access to the following information which is available at https://nswfdc.org.au/peak-training/ Peak Training Student Handbook which includes:Grievance & Complaints Procedures & Policies, Fee Administration & Refund Policy and Privacy Policy/Complaints Handling Policy

I understand that PEAK Training, from time to time, will share my course progression with my service provider to ensure I am meeting the requirements of employment.

That the information I have supplied on this form is true, correct and complete.

I have read and been provided with the NCVER Privacy Notice.

That I have attached required evidences to support the information I have supplied where requested.

I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment. The Policies, Procedures and Consumer Rights information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.

I have been informed of course duration and course extension of maximum of 6 months from the enrolment end date.

Extension fee is only payable at 3 months of \$225 and/or 6 months of \$450.

I have been informed of fees and charges associated with this course, including failure to contact Peak Training after 3 months of enrolment end date, I will be withdrawn the course without my acknowledgment.

I have enclosed my credit card details for cancellation fee holding of \$200 if I decide to withdraw FREE FEE (Government fully funded) course once commencement email is sent.

I give permission to Peak Training to view my USI account for VET transcript and/or I will send my current VET transcript as well as consent to Peak Training to create a Unique Student Identifier if I have not had one.

I acknowledge that I have read, understand and will comply with the rules, policies, procedures and requirements of the Peak Training Student Handbook.

I would like to receive marketing material for future courses and any correspondences from Peak Training

STUDENT FULL NAM

SIGNATURE OF STUDENT:	DATE:
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Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

GUARDIAN FULL NAME:

SIGNATURE OF GUARDIAN: DATE:

DOCUMENT CHECKLIST	EVIDENCE ATTACHED or ticked when done
Working with Children Check	
100 points ID- Drivers Licence & Birth Cert, Passport, Medicare	
Current VET transcript attached at the time of enrolment (VET transcript must be downloaded from your USI portal)	
USI included or required documents to create USI	
Centrelink evidence – proof Eligible Benefit if applicable	
Disability - proof of edvidence if answered "YES"	
CERTIFICATE III ONLY: Students are required to choose between	n the below two electives below
CHCECE039 – Comply with Family Day Care Administrative Requirements	
CHCDIV001 – Work with Diverse People	

HOW DID YOU HEAR ABOUT THIS COURSE?

Facebook Radio Agency Referral
Info Sheet TV Employer
Newspaper Repeat Student Other:

Word of mouth Buses



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o	 	
U III	OOL	

Date Received: Student ID: Invoice No: Processed By:

FULL COURSE FEE

Course Program: Course Fee Balance:

Course Fee Schedule

Payment Schedule Balance Due

1st Payment: Course Commencement

2nd Payment: Commencement of 5th Unit

3rd Payment: Commencement of 8th Unit

4th Payment: Commencement of 14th Unit