

COURSE INFOR	RMATION (O	ffice l	Jse (Only)						
Course Program										
Course Code and	d Name:									
Course Fee:										
Course Duration:										
Student to comp	lete all cocti	ione ir	n RI (OCKI E	TTERS (1	Tick a box w	here required)			
Section 1 - STU			, DE	JOKEL	i i Liio (i	TICK & DOX W	nere required)			
Title	Miss	Ms	ľ	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:	istralia /ersea
Family Name							Bachelor o	r Higher Degree	Certificate II	reisea
Date of Birth			Fem	nale	Male	Others	Advanced		Certificate I	
Email		ı.		· ·		I	Diploma		Miscellaneous	
Mobile Phone							Certificate	IV	Industry Ticket	
USI							□ Certificate III		Adult Educatio	n
If you do not have a	a USI number	, pleas	е арр	ly via <u>h</u> i	ttps://www	/.usi.gov.au/			eason for further train	ing?
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:				•	etter job or promo					
Street Address				•	irement of my job)				
Suburb/Town				a different career	anmont					
Postcode Employment Please tiek your current employment status below:				nterest/self-devel	·					
Employment Please tick your current employment status below: Full Time Employed				ny existing busine	•					
Part Time Em	•						-	wn business	33	
Employer Name	-	mnlov	ed:				Other reas			
Are you working				or? Ye	s	No	_		vealth welfare benefits	?
If YES, Service		4,,,,,	-	<u> </u>			-		if any below is applie	
If NO, Are you p		ork in	Early	Childho	ood secto	or?	Austudy		Veterans' Children	<u> </u>
Yes	•	lo	·						Education Scheme	
Self Employed	l not employi	ng oth	ers				Carer Payr	•	Veterans'	
Unemployed -				e work			Carer Adjusti		Affairs Pension	
Not Employed		-					Disability Support Pens	sion	Wife Pension	
Unemployed -	- long term u	nempl	oyed				Family Tax Benefit Age Pension Part A (maxrate)			
Birth Country	Were you b	oorn in	Aust	tralia?	Yes	No	☐ Farm Hous		Widow 'B' Pension	
If 'No' then where	e were you b	orn?					Job Seeke	ers	Widow Allowance	
Town of Birth							Parenting Payment (sin	gle)	Youth Allowance	
Citizenship	Australian Citizen New Zealand Citizen			d	Are you living Housing or ar NSW Housing	in NSW Social e you on the	es No			
	Permanent	t Resis	lant	Ter	nporary c	or o Vies	Proof of Identification (please attached evidence)			
	i cillalielli	. 1.6910	1011L	Hur	manitariar	ı visa	Primary (at le	ast 1 doc)	Secondary (at least 1 c	loc)



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?	Yes If YES, at	No tached 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 W	Vell		Hearing/Doof	Dhysical In	tallastual	Learning
Schooling Are you still at school? Yes			No	Hearing/Deaf Physical Intellectual Learnin				
What is the highest level completed at school?				Acquired Brain Impairment Mental Illness' Vision				
Year 8 Year 9 Year 10 Year completed:				Others:				
Year 11 Yea	Where cor	npleted	i:	Additional Learning	Support			
l lear it fea	II 12 Did not attend				Do you require literacy, disability or special Yes No			es No
Are you planing to be registered as Traineeships or Apprenticeships for this qualification?			es	learning support?				
			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: info@peaktraining.net.au. 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

Bank Transfer:	Pay Online:
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.



Section 6 - CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I,	
	(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 National 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;
- 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
- 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.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with PEAK Training for the purposes of evaluating and assessing my subsidised training. I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

PRINT FULL NAME:	
SIGNATURE:	DATE:
Note: If under 18 years of age at the time of giving consen	nt, then the consent of their guardian is required

SIGNATURE OF GUARDIAN: DATE:

PRINT FULL NAME OF GUARDIAN:



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. There is no extension is granted for this course and must be completed by the end date.

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 agreed the individual unit course fee will not be refunded once enrolment email confirmation is sent and/or I withdraw the individual unit course before the end date.

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 NA	١MI	Ε:
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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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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