

# ENROLMENT FORM

**PLEASE PRINT CLEARLY.**

The names that you provide below will be printed on any certificates or statements issued.

**Two forms of identification (in colour) one being photo id must be provided at enrolment (see Proof of ID section).**

**Course Qualification (Please tick)**

- |   |  |
|---|--|
| <input type="checkbox"/> CPP31212 Cert. III Swimming Pool and Spa Service | <input type="checkbox"/> CPC40808 Cert. IV Swimming Pool and Spa Building                          |
| <input type="checkbox"/> CPP41312 Cert. IV Swimming Pool and Spa Service  | <input type="checkbox"/> Swimming Pool and Spa Building QLD License Pathway (8 Unit delivery only) |

Title:	Mr / Mrs / Miss / Ms	Date of Birth:	____ / ____ / _____		
Given Name:		Surname:			
Middle Name/s:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Unique Student Identifier (USI):	<i>If you don't have a USI you must apply for a USI online at <a href="http://www.usi.gov.au">www.usi.gov.au</a> and follow the instructions provided.</i>				
Home Ph:		Mobile:			
Email:					
Residential Address:					
Suburb:		State:		Postcode	
Postal Address (if different from above):					
Suburb:		State:		Postcode	

The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) and where applicable, the VET FEE-HELP data collection. This information is required for the collection and analysis of vocational education and training throughout Australia.

Residency Status:	<input type="radio"/> Australian Citizen <input type="radio"/> A foreign national with Australian Permanent Residency		<input type="radio"/> New Zealand passport holder who has been in Australia for at least 6 months <input type="radio"/> Humanitarian refugee	
Indigenous Status:	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> Neither		Concession and or Health Care Card	<input type="radio"/> Yes <input type="radio"/> No Card Number:
Country of Birth:		If not Australian, year of arrival in Australia:		
Language Spoken at Home:		How well do you speak English? <input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all		
Do you identify yourself as having a disability:	<input type="radio"/> No <input type="radio"/> Yes, Intellectual <input type="radio"/> Yes, Learning <input type="radio"/> Yes, Medical		<input type="radio"/> Yes, Hearing <input type="radio"/> Yes, Vision <input type="radio"/> Yes, Physical <input type="radio"/> Other	
If Yes to previous question, would you like to receive advice on support services which may assist you?				<input type="radio"/> Yes <input type="radio"/> No
Highest Completed School Level:	<input type="radio"/> Year 12 <input type="radio"/> Year 11 <input type="radio"/> Year 10 <input type="radio"/> Year 9 <input type="radio"/> Year 8 or below			
What year did you complete this level (e.g. 2008)?		List the postcode of your residence during that year:		

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Have you successfully completed any of the following qualifications?	<input type="radio"/> No <input type="radio"/> Certificate I <input type="radio"/> Certificate II	<input type="radio"/> Certificate III <input type="radio"/> Certificate IV <input type="radio"/> Diploma	<input type="radio"/> Miscellaneous Education <input type="radio"/> Advanced Diploma & Associate Degree <input type="radio"/> Bachelor Degree or Higher Degree
Please indicate how you were referred to SPASA	<input type="radio"/> Direct Marketing <input type="radio"/> Trade Show <input type="radio"/> Magazine <input type="radio"/> Internet search	<input type="radio"/> My Employer <input type="radio"/> State Training Services Other: _____	<input type="radio"/> Industry Skills Council <input type="radio"/> Another Training Provider <input type="radio"/> Another Student
Current employment status:	<input type="radio"/> Full time employee <input type="radio"/> Part time employee <input type="radio"/> Self-employed – not employing others <input type="radio"/> Employer	<input type="radio"/> Employed – unpaid worker in a family business <input type="radio"/> Unemployed – seeking full time work <input type="radio"/> Unemployed – seeking part time work <input type="radio"/> Not employed – not seeking employment	
Which best describes your main reason for doing this course (select ONE only):	<input type="radio"/> To get a job <input type="radio"/> To get a better job or promotion <input type="radio"/> To start my own business <input type="radio"/> To develop my existing business <input type="radio"/> To try for a different career	<input type="radio"/> It is a requirement of my job <input type="radio"/> I want extra skills for my job <input type="radio"/> To get into another course of study <input type="radio"/> For personal interest or self-development <input type="radio"/> Other reasons	

**EMERGENCY CONTACT DETAILS:**

Name:	Relationship to You:	Phone:
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Proof of Identification:	<input type="radio"/> <b>Drivers license or Passport</b> and <input type="radio"/> <b>Medicare Card</b> Please attach a <b>COLOUR</b> copy of your Drivers license or Passport and Medicare card.
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**Declaration and Consent: (PLEASE READ AND SIGN BELOW TO INDICATE YOUR CONSENT)**

I have reviewed the pre-enrolment information at [www.spasa.com.au](http://www.spasa.com.au) including the fee information, Recognition of Prior Learning, Credit Transfer, deferring or discontinuing training, Consumer Protection information, how to access support and assistance during my training and I understand my rights and obligations prior to my enrolment.

Photos may be taken during training. I give SPASA permission for any photos of me to be used in marketing materials, including social media. Note that photos will not be provided to any other party, unless for auditing purposes.

I understand that the information provided by me will be used by SPASA, the Department of Education and Training and the Australian Skills Quality Authority for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes.

I understand that SPASA is required to assess any information I provide to determine if a Recognition of Prior Learning process is available to me as a student to maximise the outcomes of my learning and assessment progress.

By signing this form, I certify that the information provided is true and correct and provide consent for this information to be used by the parties listed above. I further certify that I have read the student handbook and been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided.

Full Name:			
Signature:		Date:	____ / ____ / ____

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Payment authorisation and Invoice Details				
Company Name:				
Student's Name/s:				
Postal Address:				
Suburb:		State		Post Code
Please fill this in if the invoice is going to a company				
Purchase Order Number (if required)				
Company Contact Name (Accounts)				
Company Contact Email (Accounts)				
Company Phone:		Company Fax:		
Training Price (Tick)			Preferred Payment Option (Tick)	
<input type="checkbox"/>	<b>CPP31212 Cert. III in Swimming Pool and Spa Services 2970</b> 1 <sup>st</sup> instalment \$1500 plus 5 x monthly payments of \$294 <i>(NOTE: 1st instalment may vary in NSW if Smart &amp; Skilled funding arrangements are in place)</i>		<b>Direct Deposit:</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>CPP41312 Cert. IV in Swimming Pool and Spa Services \$3300</b> 1 <sup>st</sup> instalment \$1500 plus 5 x monthly payments of \$360		Bank: Westpac	
<input type="checkbox"/>	<b>CPC40808 Cert. IV in Swimming Pool and Spa Building \$4000</b> 1 <sup>st</sup> instalment \$1500 plus 5 x monthly payments of \$500		A/C Name: SPASA NSW	
<input type="checkbox"/>	<b>Pool and Spa Building QLD Pathway (8 units only)</b> 1 <sup>st</sup> instalment \$1500 plus 2 monthly instalments of \$650		BSB: 032 062	
			A/C: 2019 55	
			<b>Note:</b> Please quote the invoice number or your Surname, this will help us allocate your payment correctly.	
			<b>Direct Debit Arrangement:</b>	<input type="checkbox"/>
			<i>(See Form Attached)</i>	
I authorise SPASA to debit from my card the initial and subsequent instalments for the course ticked above:			<b>Credit Card:</b>	<input type="checkbox"/>
		<input type="checkbox"/>	<b>Mastercard</b>	<input type="checkbox"/>
		<input type="checkbox"/>	<b>Visa</b>	<input type="checkbox"/>
		<input type="checkbox"/>	<b>Amex</b>	<i>(Amex incurs 3%)</i>
Cardholder Name:	_____			
Signature:	_____			
<div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> <input type="text" value="Credit Card Number"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid gray; padding: 5px; width: 20%;">MM</div> <div style="border: 1px solid gray; padding: 5px; width: 20%;">/</div> <div style="border: 1px solid gray; padding: 5px; width: 20%;">YY</div> <div style="border: 1px solid gray; padding: 5px; width: 20%;">CVV</div> </div>				
Invoice Number (if Known): _____				
Now do one of the following.				
<b>SCAN:</b>	Enrolment Form together with ID & email to: <a href="mailto:training@spasa.com.au">training@spasa.com.au</a>			
OR				
<b>POST TO:</b>	Swimming Pool and Spa Association of AUSTRALIA (SPASA) Attention: Training Department PO BOX 245 NORTHMEAD NSW 2152			