



COURSE ENROLMENT FORM

This enrolment form collects important information to assist us with your enrolment. Please read it carefully and complete each section. If you require any assistance in filling out this form, please contact our office.

(The information provided on this form will be kept strictly confidential and will only be for our authorised staff access only)

All participants attending face to face classes must provide proof that they are fully vaccinated against COVID-19. If you cannot provide this, unfortunately you cannot attend our face to face classes.

Remember to

- Print your responses clearly and tick the appropriate boxes
- Read the terms and conditions
- Sign and date the declaration on the last page of the form
- Please use a blue or black pen to complete this form
- Fill out a separate application form if applying for more than one course
- Make sure you answer all of the questions. If a question does not apply to you, write N/A in the space provided
- Post, fax or email your completed enrolment form to:

Address: Gallang Place Aboriginal and Torres Strait Islander Corporation
C/- Gallang Education and Training
1/57 Southgate Avenue
CANNON HILL QLD 4170

Phone: (07) 3899 5041

Fax: (07) 3899 5141

Email: training@gallang.qld.edu.au

- Once your application is processed, you will be notified of your acceptance into the training.

ABSTUDY – Aboriginal & Torres Strait Islander candidates only

- Abstudy assists with some expenses incurred during your studies, for your entitlement and further information, please visit <http://www.humanservices.gov.au/customer/services/centrelink/abstudy>
If you need assistance in filling out your AbStudy form, contact any Centrelink office or the AbStudy Student Call Centre on 13 23 17.
- For those that are on the Human Services support system, please contact the Human Services Department to inform them of your studies once you have received the enrolment confirmation letter from Gallang Training & Education.

USI – Unique Student Identifier Number

As of January 2015, all students studying in Australia must obtain a Unique Student Identifier (USI) No.

First Name: _____ Surname: _____

USI No: _____

If you do not have your USI number, you can obtain in from: <http://www.usi.gov.au/create-your-USI/Pages/default.aspx>

Or complete the attached Unique Student Identifier completion form.

Note: You cannot start your study with Gallang Education & Training if you do not have a USI No.



PRIVACY STATEMENT

Gallang Place/Gallang Education and Training respect your privacy and strictly control use of personal information. The information you provide on your enrolment will be used in administering the program, and other statistical information, such as your demographics and unit competency. This information is used to report to funding bodies and will not in anyway identify an individual.

Your enrolment will be an indication of your consent to permit GET to utilize any necessary information to administer the training program and supply required data to a third party.

COURSE DETAILS

I wish to enroll in the following course:

- CHC32015 Certificate III in Community Services**
- CHC43315 Certificate IV in Mental Health**
- CHC51015 Diploma of Counselling**
- CHC52015 Diploma of Community Services**
- BSB50420 Diploma of Leadership & Management**
- CHC81015 Graduate Diploma of Relationship Counselling**

Title: Mr Mrs Ms Miss

Gender: Male Female: Indeterminate/Intersex/Unspecified

Given Name: _____ Middle Name: _____

Surname: _____

Preferred Name: _____

Date of Birth: ____/____/____ (You must be at least 18 years of age to be able to enrol in this course)

Phone (Home): _____ Work: _____ Mobile: _____

Email: _____

Country of Birth: Australia Other _____

City of Birth: _____

Australian Citizenship Status:

Australian Citizen:

New Zealand Citizen:

Permanent Resident:

Other:

EMPLOYMENT DETAILS

Are you currently employed?

Yes No

Full-time: Part-time: Casual: Self-employed: Unemployed: Other:

Employer Name: _____

Address: _____

Postcode: _____ State: _____

Phone: _____ Mobile: _____

RESIDENTIAL ADDRESS

Street No & Name: _____

Suburb: _____ Postcode: _____ State: _____

Postal address (write "As above" if same as residential): _____

PERSONAL DETAILS

Aboriginal Torres Strait Islander Other

What is your connection to country? (e.g. Charleville or Poruma)

What is your family name that ties you to your traditional country?

IDENTIFICATION

Please provide the following forms of identification (must be JP certified) and attach to completed enrolment form (At least ONE from GROUP A and ONE from GROUP B).

GROUP A	GROUP B
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Proof of Age Card (18+) <input type="checkbox"/> Concession Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Health Care Card
<input type="checkbox"/> Passport	<input type="checkbox"/> Blue Card <input type="checkbox"/> Bank Card
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Electricity, Gas or telephone Account (Bill)
	<input type="checkbox"/> Proof of COVID-19 full vaccination

EDUCATION

Highest Completed school level: _____ Year completed: _____

Are you currently enrolled in another course? Yes No

If Yes, what qualification? _____

Do you wish to discuss a possible application that recognizes your previous/current experience/ qualifications/prior learning for our Recognition of Prior Learning (RPL) or Credit Transfer (CT) program?

Yes No (Please arrange an appointment with your trainer)

MEDICAL

Do you have a Physical or Medical conditions:

Yes No

If yes, does your condition require you to take

medication? Yes No

Please specify types of medication:

If away from home, do you need professional medical assistance to administer the medication?

Yes No

Do you require a special diet/help as a result of your condition?

Yes No

If yes, please advise: _____

NEXT OF KIN/EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Postcode: _____ State: _____

Phone (Home): _____ Work: _____ Mobile: _____

Email: _____

How did you hear about Gallang Training & Education?

Internet Advertisement Agency Former Student Referral

Other _____

What is your reason for enrolling/studying?

To get a job:

It is a requirement of my job:

To develop my existing business:

I want extra skills for my current job:

To start my own business:

To get into another course of study:

To get a different job or promotion:

For personal interest/self development:

Other: _____

Please make sure the enrolment form is fully completed, signed and return it with all the required documents. IMPORTANT INFORMATION – PLEASE READ AND ENSURE YOU UNDERSTAND THE FOLLOWING PRIOR TO ENROLMENT

GET as an RTO is required to provide all students prior to enrolment, information on the following:

TRAINING

Information on training services provided by GET is available from the office via phone or in written format. Prior to enrolling into your chosen course, ensure you have a full understanding of the structure of the course. All courses are delivered in line with the accredited course documentation utilising equipment that complies with all safety standards.

ASSESSMENT

Assessments of units will be conducted at a time agreed to by both parties (trainer & student) after the following requirements are met.

- Successfully complete all required assessments.

Additional assessment processes will be explained to you at the time of training. Should you have any additional questions regarding your assessment process or have any concerns please discussed these with your trainer.

RECOGNITION OF PRIOR LEARNING (RPL)

RPL is offered by GET. Should you wish to undertake RPL please speak to GET prior to your training

SUPPORT SERVICES AND SPECIAL NEEDS

GET will take every possible action to ensure we support you throughout your training and assessment process. If at any point throughout your course you require assistance or support please discuss these needs with your Trainer and we will do our best to help. If you have any special needs, including language, literacy, numeracy, mobility, visual impairment or hearing please notify staff prior to enrolment to allow us to cater for your needs. If you do not tell us of any condition that may affect your learning, we will not be able to assist you if the need arises.

YOUR RIGHTS

As part of your training and assessment, you have various rights. GET wants to ensure your time spent with us is both beneficial and enjoyable. If at any point you feel harassed, discriminated or feel abused, please notify the Training Manager immediately either face to face, via phone or in writing. If you feel you need to complain about any aspect of service or training and assessment you may do so verbally or in writing. Appeals on any decision made by GET may be lodged to the Training Manager and must be done so in writing.

REFUND POLICY

GET will safeguard any money paid by you in advance of your course. GET will refund you any money paid by you in full in the event we cancel or discontinue a course. If you withdraw from a course due to illness, (verified by a medical certificate) we will refund any course fees paid less an administrative fee of 5 % of your course cost. Should you withdraw for any other reason other than illness, with less than four weeks' notice you will forfeit 50% of your course cost. **If you fail to commence the course or withdraw during the course you will forfeit all monies paid and no refund will be made available.**

RULES AND REGULATIONS

- To graduate from your enrolled course students must be able to fulfil the following obligations:
 - Demonstrate to the trainer and assessor through attendance and assessment, both formal training, theory and practical assessment, which academic

and professional skills have been obtained to a satisfactory level.

- Satisfy all academic, administrative and financial obligations to the organisation.
- No food or drink is to be taken into theory or practical classes, apart from water, and smoking is not permitted in the organisation's premises or anywhere within the building.
- Students must promptly notify GET of any change of name, address and contact details.
- Mobile phones must be switched off during class.
- Students may be suspended or expelled from GET at the Training Manager's discretion for:
 - failure to uphold or maintain any of GET 's policies and procedures
 - Serious misconduct or breach of legislation
- Students can gain access to their records by contacting the GET Training Office.
- GET guarantees that once you commence your course GET will take all reasonable and practical steps to help you complete all of your training/ assessment. If for some reason GET is unable to meet this obligation it will take all reasonable steps to provide you alternate training arrangements.
- GET is obligated to provide you information about:
 - a) total amount of all fees including course fees, administration fees, materials fees and any other charges;
 - a) the payment terms, including the timing and amount of fees to be paid and any non-refundable deposit / administration fee;
 - b) the nature of the guarantee given by the registered training organisation to complete the training and/or assessment once you commence study in your chosen qualification or course;
 - c) the fees and charges for additional services, including such items as issuance of a replacement qualification testamur and the options available to you if you are deemed not yet competent on completion of training and assessment; and
 - d) the organisation's refund policy.

If you feel you have not received information on all of the above points, please ask GET Staff to explain or provide written information on the above before enrolling and signing below.

STUDENT DECLARATION

I, _____ am 18 years or older. I have read, understand and agree to the following:

- a) I will follow all the study instructions and Rules and Regulations as outlined on this form as well as all policies of GET.
- b) I release and hold harmless GET, its Training Manager, its staff and its agents in respect of any property loss or personal injury that I may sustain whilst participating in my course.

I declare truly and solemnly that the information provided on this enrolment form is true and correct.

STUDENT'S SIGNATURE: _____

DATE: _____