

OFFSHORE IN-COUNTRY TRAINING ENROLMENT APPLICATION FORM

1. COURSE SELECTION

FRASER COAST TESS



CHC33021 Certificate III in Individual Support (Ageing and Disability)

CBC INSTITUTE



BSB40120 Certificate IV in Business (Cyber Security) - (CRICOS 108733K)

CHC52015 Diploma of Community Services (CRICOS 107159K)

TOC AUSTRALIA



SIS50321 Diploma of Sport (Coaching)

Expected Commencement Date:

Mode of Delivery in which you wish to enrol:*

Online

How did you hear about GeSS Education?

Google

Social Media

Word of Mouth

School

Agent

Other:

2. PERSONAL DETAILS

First Name Last Name

Date of Birth* Are you under 18 years old? Yes No

Gender Male Female Rather not say

Were you previously known by any other name? Yes No

If yes please provide details:

First Name Middle Name Last Name

Company Name (if required for invoicing)

Phone Number (Primary)

Phone Number (Secondary)

Email Address

If under 18 years old, please provide your parent or guardians contact details* (If applicable. Mandatory for High School Students.)

Parents Name:

Parents Phone Number:

Parents Email Address:

Other Details:

Which best describes your reason for this study?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- To get skills for community/voluntary work
- Other reasons

Which best describes your employment status?

- Full-time employee
- Part-time employee
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment
- Not Specified

In which country were you born

How well do you speak English?

Very well Well Not well Not at all IELTS/other

3. RESIDENTIAL ADDRESS

Number and Street Name

Suburb

State

Post Code

Country

4. EDUCATION BACKGROUND

Country you recently completed your most recent Education

In what year did you complete High School?

Highest Level Completed at school?

12 11 10 9 8 7

Have you completed tertiary studies?

Yes No

If yes, at what level?

Cert I	Diploma Associate
Cert II	Diploma
Cert III or Trade Certificate Cert IV	Bachelor
Diploma Advanced	Masters

5. DISABILITY/SPECIAL NEEDS

Do you consider yourself to have a disability, impairment or long-term condition that could affect your study? Yes No

If yes, disability:

Hearing/Deaf	Intellectual	Mental Illness	Impairment Vision
Physical	Learning	Acquired Brain	Medical Condition

Would you like additional support with any special needs (literacy, numeracy, physical)?

Yes No

This information is confidential and is only used as a means to provide the best support possible to suit your individual needs. If Yes, a representative will contact you.

6. RPL (RECOGNITION OF PRIOR LEARNING)/CREDIT TRANSFER

Do you wish to apply for RPL (Recognition of Prior Learning)/Credit Transfer?

Yes No

Additional information about yourself that could impact on your studies

Would you like additional support with any special needs (literacy, numeracy, physical)?

Yes

No

If yes, Please provide a brief description of the sort of support would best suit your individual needs.

GeSS Education is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to our Admissions Manager.

7. OTHER COMMENTS

For example, is someone else paying for this course on your behalf? If so, please add details

8. DECLARATION

I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student at the RTO. I agree that it is my responsibility to retain a copy of this written agreement as supplied by GeSS Education on behalf of the RTO and receipts of any payments of tuition fees or non-tuition fees. I agree that under the Data Provision Requirements 2012, the RTO is required to collect personal information about me and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). My personal information (including the personal information contained on this enrolment form and my training activity data) may be used or disclosed by the RTO for statistical, regulatory and research purposes. The RTO may disclose my personal information for these purposes to third parties, including: School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Employer – if you are enrolled in training paid by your employer; Commonwealth and State or Territory government departments and authorised agencies; NCVER; Organisations 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).

I have reviewed the student handbook, fee schedule, and course description available from this website and am informed about my rights and obligations, payment obligations and the services to be provided.

I confirm that the information provided by me is true and correct. I have been offered the opportunity for Recognition of Prior of Learning/Credit Transfer relating to this course. I understand that information contained in these forms may be provided to State and Commonwealth Agencies and Research Organisations and I consent to that occurring. I acknowledge and understand that GeSS Education is delivering my course on behalf of the relevant RTO as chosen in 'Course Selection' under a third party agreement and that my Certificate, upon successful completion of the course, will be issued by the RTO. I acknowledge that GeSS LMS will be used as the online platform for my course, where applicable.

I acknowledge that I have read and understood the information provided

Applicants Name:

Date:

Education Agent Name/Branch (if applicable):

Applicants Signature:

Parent/Guardian Signature
(if student is under 18
years of age)