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| **COURSE DETAILS:** This Application Form can be filled-in electronically. |
|  |
| Course Location: | [ ]  WA |
|  |  |
| Course Date: |       |
|  |  |
| **APPLICANT DETAILS:** |
|  |
| Surname: |       | First Name(s): |       |
|  |  |  |  |
| Date of Birth: |       | Gender: | [ ]  Female | [ ]  Male |
|  |
| Home Phone: | (     )       | Mobile: |       |
|  |  |  |  |
| Email:**1** |       | [ ]  Please DO NOT subscribe me to the Course Newsletter |
|  |  |  |  |
| Home Address: |       |
|  |  |
| Suburb: |       | Postcode: |       |
| Are you a Union Member? | [ ]  Yes | [ ]  No |
| Are you of Aboriginal or Torres Strait Islander origin? | [ ]  Yes | [ ]  No |
| Country of Birth: |       |
|  |  |  |  |  |
| What is your highest completed secondary school level (e.g. Year 9, 10)? |       | Year Completed: |       |
|  |
| Which of the following best describes your current workforce status? |
| [ ]  Full-Time Employee | [ ]  Part-Time Employee |
| [ ]  Employer | [ ]  Self Employed - not employing others |
| [ ]  Employed - unpaid in family business | [ ]  Unemployed seeking full-time work |
| [ ]  Unemployed seeking part-time work | [ ]  Not Employed - not seeking employment |
|  |  |  |  |
| Language Spoke at Home: |       |
| How well do you speak English? | [ ]  Very Well | [ ]  Well | [ ]  Not Well | [ ]  Not Well at All |
| Do you consider yourself to have a disability, impairment or long-term condition? | [ ]  Yes | [ ]  No |
| If **Yes**, please tick applicable condition: |
| [ ]  Vision | [ ]  Hearing | [ ]  Physical | [ ]  Intellectual |
| [ ]  Learning | [ ]  Medical Condition | [ ]  Medical Illness | [ ]  Acquired Brain Impairment |
| [ ]  Other: |       |
| Do you require special assistance because of a disability? | [ ]  Yes | [ ]  No |
| Have you successfully completed any post-secondary qualifications? | [ ]  Yes | [ ]  No |
| If **Yes**, please tick applicable qualifications: |
| [ ]  Certificate I | [ ]  Certificate II | [ ]  Certificate III / Trade Certificate |
| [ ]  Certificate IV / Advanced Certificate | [ ]  Diploma / Associate Diploma | [ ]  Advanced Diploma / Associate Degree |
| [ ]  Bachelor Degree or Higher |  |  |
| Which of the following best describes your main reason for applying for this program? |
| [ ]  It is a requirement of my job | [ ]  Wanted extra skills for my job | [ ]  To get a job |
| [ ]  Try for a different career | [ ]  To get a better job / promotion | [ ]  Self development |
| [ ]  Personal interest | [ ]  To get into another course of study |  |
| [ ]  Other Reason: |       |
| Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer? | [ ]  Yes | [ ]  No |
| Do you require assistance with reading, writing or maths? | [ ]  Yes | [ ]  No |
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| **EMPLOYMENT DETAILS:** |
|  |  |  |  |
| Employer Name: |       | Union: |       |
|  |  |
| Position: |       |
|  |  |  |  |
| Work Phone: | (     )       | Work Fax: | (     )       |
|  |  |  |  |
| Work Address: |       |
|  |  |  |  |
| Suburb: |       | Postcode: |       |
|  |  |  |  |
| **PAYMENT DETAILS:** Complete by you/ Employer if they are paying for the course.**3** |
|  |  |  |  |
| Electronic Funds Transfer | Credit Card Payment | Type:      |
|  |  |
| Funds to be transferred to  | Card Number |       |
|  |  |
| Koolyara Pty Ltd ITF Koolyara Services Trust | Expiry Date: (mm/yy) |       |
|  |  |
| BSB: 066 005 | Amount $ |       |
|  |  |  |  |
| Account: 10072476 | Signature: |  |
|  |  |  |  |
| Please include surname | Email: |       |
|  |  |  |  |
| **INDUSTRY IDENTIFIER:** Tick the box that most closely corresponds to your union’s area of industry coverage (Union Employees), or to the industry you currently work for (Delegates & Other). Information is collected for statistical / reporting purposes. |
| [ ]  Accommodation & Food Services[ ]  Administrative & Support Services[ ]  Agriculture, Forestry & Fishing | [ ]  Arts & Recreation Services [ ]  Construction[ ]  Education & Training[ ]  Electricity, Gas, Water & Waste Services | [ ]  Health Care & Social Assistance [ ]  Financial & Insurance Services [ ]  Information Media & Telecommunications [ ]  Manufacturing Estate Services [ ]  Mining [ ]  Professional, Scientific & Tech. Services  | [ ]  Public Administration & Safety [ ]  Rental, Hiring & Real [ ]  Retail Trade [ ]  Transport, Postal & Warehousing[ ]  Wholesale Trade [ ]  Other Services |
| **CONSENT FOR DISCLOSURE OF INFORMATION:** |
| The Certificate IV in WHS course is delivered by Unity Training Services under the scope of ACTU Education Inc, a Registered Training Organisation (RTO). As an RTO, ACTU must provide statistical reports in accordance with the Australian Skills Quality Authority (ASQA) requirements. Participants of the Certificate IV in WHS may have their personal details, enrolment, progress and completion information disclosed to ASQA. This statistical information is provided in accordance with government requirements and is used for research, statistical analysis, program evaluation and internal management purposes only. This information will not be provided to any other outside organisation and will be used only for the purposes stated above.Sign below as consent to your details being submitted for the stated statistical purposes. |
| **I,** |  |
|  | **(Applicant Name)** |
| declare that I am an Australian citizen / resident and give permission for ACTU to provide the information outlined above to the relevant body for the purposes stated above. |
| **Signature:4** |  | **Date:** | **/       /** |
|  |  |  |  |
| **Submit to Course Administration, UNITY TRAINING SERVICES, Level 4, 445 Hay Street, Perth 6000****PO Box Z5380 ST Georges Tce, Perth 6831****Fax: 08 9328 8132 | Scan & Email: admin@unitytraining.com.au**A TAX INVOICE WILL BE SENT TO THE BILLING ADDRESS ABOVE |

1. All correspondence such as course confirmation will be sent to this email address.

2. Branch **must** be specified if employed by union.

3. Completing this section gives UNITY TRAIING SERVICES permission to issue a tax invoice to the Applicant / Employer authorised.

4. If filling in electronically, this application must be **printed** and **signed** prior to submission.

5. A copy of course confirmation will also be sent to this email address.

**Cancellation Policy:** In order to receive a full course refund, participants must cancel their enrolment at least five (5) working days prior to course commencement. Notification of course cancellation should be submitted in writing to admin@unitytraining.com.au. Fees cannot be refunded, waived or transferred if notification is received after this date. Delivery of all courses is dependent on sufficient enrolments. For scheduled courses, participants will receive confirmation of course delivery two (2) weeks prior to course commencement. If participants are travelling from interstate to attend courses, travel arrangements should not be made before the course has been confirmed in writing. Unity Training Services does not acknowledge liability for reimbursement of lost flight / accommodation costs, where travel arrangements are made prior to course confirmation.