

**OFFICE USE ONLY**
Payment Received:
CSQ Approved: Y  N 
Entered: Y  N 

Keys HR Enrolment Form

**Instructions:**Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for a national database, tracking purposes and assists in ongoing qualifications issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

**PERSONAL DETAILS**

Title (*please tick*) Mr Mrs Miss Ms Dr Other

Family Name: b Given Name/s:

Residential Address: Suburb: Post Code:

Postal Address: Suburb: Post Code:

Contact Numbers: Home: Work: Mobile:

Email Address:

Date of Birth: Town of Birth:

Emergency/Next of Kin Contact Details: Name: Phone:

**USI (Unique Student Identifier) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (See [www.usi.gov.au](http://www.usi.gov.au) for more details)

I authorise Keys Human Resources to apply for my USI number on my behalf: **Y (apply)** **N (I will apply)**

**COURSE DETAILS**

****Name of course/qualification currently undertaking:

Course Date:

**EMPLOYMENT DETAILS**



Business Name:

ABN: Contact Name: Contact No:

Address: Suburb: Post Code:



**LANGUAGE AND CULTURAL DIVERSITY**

Were you born in Australia? Y N If no, please specify:

Do you speak a language other than English at home? Y N If yes, please specify:

How well do you speak English? Very Well Well Not Well Not At All

Are you Aboriginal or Torres Strait Islander origin? No

*(For persons of both Aboriginal AND Torres Strait Islander origin,* Yes, Aboriginal

*mark both “YES” boxes)* Yes, Torres Strait Islander

**DISABILITIES**

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

 No Vision Hearing/Deaf Physical Medical Condition

 Other Intellectual Mental Illness Learning Acquired Brain Impairment

**EDUCATION**

What is your highest completed school level? In which year did you complete that school level?

 Completed year 12 Completed year 11 Completed year 10 Completed year 9

 Completed year 8 or below Did not go to school

Are you still attending secondary school? Y N

Have you successfully completed any of the following qualifications? N *(Go to employment section)*

 Bachelor Degree or High Degree Level Certificate III (*or Trade Certificate*)

 Advanced Diploma or Associate Degree Level Certificate II

 Diploma Level Certificate I

 Certificate IV (*or advanced Certificate/Technician*) Certificates other than the above

**EMPLOYMENT**

Of the following categories, which best describes your current employment status? (*Tick ONE box only*)

 Full-time employment Employed – unpaid worker in a family business

 Part-time employment Unemployed – seeking full-time work

 Self employed – not employing others Unemployed – seeking part-time work

 Employer Not employed – not seeking employment

**STUDY REASON**

Of the following categories, which best describes your main reason for undertaking this course? (*Tick ONE box only*)

 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 For personal interest or self development To get into another course of study

 Other reasons



**COURSE PAYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PAYMENT (*Tick ONE option*)** | **PURCHASE ORDER** | **CASH** |  **CHEQUE** | **CREDIT CARD** | **EFT** (*see page 3*) |
| Credit Card Payment: |  **MASTERCARD VISA** |
| Name on Card: |  |
| Number on Card: |  / / / Expiry: / CCV (3 digits): |
| Please debit the amount of: |
| Signature |  |

|  |  |
| --- | --- |
| **EFT DETAILS:** | Bank details are as follows: |
| **Bank:** | **Commonwealth Bank** |
| **BSB:** | 062574 |
| **Bank Account Number:** | 10157936 |
| **Account Name:** | Keys Human Resources |



**DECLARATION**

I declare that the information provided by me is true and correct.

I further confirm that I have read, understood, agree and accept the Terms and Conditions of Enrolment and agree to be bound by them and will comply with all policies and procedures as detailed in the student handbook. I do hereby certify that this application has been completed by me personally.

The Terms and Conditions of this enrolment application do not remove the right of the student to undertake action under Australia’s consumer protection laws.

Keys HR Pty Ltd will not provide or disclose to any outside parties personal information other than if approved in this application. However, if required by law then this information will be released.

Student Name:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**ACKNOWLEDGEMENT AND CONSENT**

I further acknowledge and provide unconditional consent to my testimonial and/or video to be used in Keys HR Pty Ltd newspaper, poster, television, flyer and/or any other marketing whilst I am a current or former student.

Please tick:

Y N

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE AND CANCELLATION POLICY**

Full course cost is payable on enrolment.

Full attendance is required to achieve successful completions of any programme. Managers at Keys HR reserve the right to cancel this course, should there be insufficient numbers of enrolment. In the event that a course is cancelled, all persons will be notified and any prepaid course fees will be refunded in full, providing the participant does not want to move to another scheduled date.

If you need to withdraw your enrolment, Keys HR must be notified in writing to training@keyshr.com. If cancellation is received less than five days prior to the course commencement date or you do not attend the first day of course delivery, the full course fee will be charged.

Please send completed enrolment form back to:

training@keyshr.com

Fax: (07) 3876 2090

Mail: PO Box 5, Nundah QLD 4012