

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**How did you find out about Keys Human Resources Training?** _____Title (*please tick*) Mr Mrs Miss Ms Dr Other

Family Name: _____ 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 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 DIVERSITYWere 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,
 mark both "YES" boxes) Yes, Aboriginal
 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)	<input type="checkbox"/> PURCHASE ORDER	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> EFT (see page 3)
Credit Card Payment:	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> 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 business 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.

keys@keyshr.com

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