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| ENROLMENT FORM | L4/31 Leichhardt Street  NORTH WARD QLD 4814  Phone: (07) 4771 2791  Email: [info@fitnessinstitute.com.au](mailto:info@fitnessinstitute.com.au) | C:\Users\fitnessinstitute\Dropbox\Fitness Institute - Website Files (1)\Video Pictures\FitnessInstitute_Logo_2013.png  Provider No. 32089 |

The Cert III Fitness/Cert IV Personal Training specifies the competencies required to allow for initial employment in the ever evolving fitness industry and confidence to deliver innovative one-on-one personalised programs and training sessions.

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| 1. COURSE DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Title: | | | | | | | | SIS30310 Certificate III in Fitness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | SIS40210 Certificate IV in Fitness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Both | | | | | | | | | | | | | | |
| Location: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Commencement Date (DD/MM/YYYY): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | | | | | |
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| 2. EMPLOYER DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Job/Position: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Email Address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Contact Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | Mr | | | | |  | | | | Mrs | | | | | |  | | | Ms | | | | | | | | Miss | | | | | | | | | | | | |  | | | | | | | | Dr | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Gender: | | | | | | | | | | | | Male | | | | | | | | | | | | | | |  | | | Female | | | | | | | | | |
| Surname: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Given Names: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Date of birth (DD/MM/YYYY): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / / | | | | | | | | | | | | | | | | | | | | |
| Phone - Mobile: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Phone - Work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RESIDENTIAL ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | State: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Postcode: | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best Contact Number: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Alternate Contact Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. PRIOR EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your **highest completed school level?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Year Completed: | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Have you successfully completed any qualifications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | *No* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If* ***yes,*** *tick the appropriate box(s) below and specify type of qualification(s) and year completed:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Bachelor / Degree or Higher Degree Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Advanced Diploma or Associate Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Diploma (or Associate Degree) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Certificate IV (or Advanced Certificate/Technician) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Certificate III (or Trade Certificate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Certificate II | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Certificate I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Miscellaneos Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Currently Studying | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Specify: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | *Year Completed:* | | | | | | | | | | | | | | | | | | | | |  |
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| 5. CURRENT EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which describes your current employment status? (tick **ONE** box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Full Time Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | Employed – unpaid worker in a family business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Part Time Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | Unemployed – seeking full time work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Self Employed – not employing others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | Unemployed – seeking part time work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | Not employed – not seeking employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length of time with current employer? | | | | | | | | | | | | | | | | | | | | | | | | | | *0-3 months* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | *3-6 months* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | *6-12 months* | | | | | | | | | | | | | | | | |  | | | *12+ months* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. OTHER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where you born in Australia? | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | |  | | | | *No* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If* ***NO****, please specify the following:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Language Spoken at Home: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Proficiency in English: | | | | | | | | | | | | | | | Very Well | | | | | | | | |  | | | Well | | | | | | | | | | | |  | | | | | Not Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Not at All | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a permanent Australian residency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | *No* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you Aboriginal/Torres Strait Islander? | | | | | | | | | | | | | | | | | | | | | | | | | | | *No* | | | | | | | | | |  | | | *Yes, Aboriginal* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | *Yes, Torres Strait Islander* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | *Both* | | | |
| Do you consider yourself to have a disability, impairment or long-term condition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *No* | | | | | | | | | | |  | | | | | *Yes* | | | | | | | | | | | | | | | | | | | |
| *If* ***yes,*** *please specify below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hearing/Deaf | | | | | | | | | | | | | | | | |  | |  | | | | Learning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | Vision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Physical | | | | | | | | | | | | | | | | |  | |  | | | | Mental Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | Medical Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Intellectual | | | | | | | | | | | | | | | | |  | |  | | | | Acquired Brain Impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | Other, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| 7. STUDY REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which best describes your main reason for undertaking this course? (tick **ONE** box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | To get a job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | It was a requirement for my job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | To develop my existing business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | I wanted extra skills for my job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | To start my own business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | To get into another course or study | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | To try for a different career | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | Other reasons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | To get a better job or promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | For personal interest or self-development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. FURTHER KNOWLEDGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of Numeracy/Maths? | | | | | | | | | | | | | | | | | | *Strong* | | | | | | | | | | | | |  | | | | *Good* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | *Weak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Would you like to do a short evaluation of your literacy & numeracy skills before starting the course? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | |  | | | | *No* | | |
| Would you like further information about RPL or Credit Transfer for this course? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | |  | | | | *No* | | |
| Is there anything related to your learning that you would like support with? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *No* | | | | | | | | | | | | | |  | | | | *Yes* | | | | | | | | | | | | | | | | | | | | | | | | |
| *If* ***yes,*** *please specify:* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. TERMS & CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Enrolments will only be confirmed on receipt of a signed enrolment form, payment of enrolment fee and a signed direct debit (PaySmart) form, if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Payment MUST be received within three (3) business days of receipt of enrolment form. (Either full payment, or the minimum enrolment fee of $1,000.00). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Cancellations must be notified in writing. Payments are non-refundable but may be transferrable to the on-line delivery method. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Payment must be made for all training received during the face-to-face component regardless of whether qualifications are obtained. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Additional administration fees are incurred for re-enrolment in subjects not completed within the course timeline (within four weeks after the completion of the face-to-face component; 7 months for on-line completion). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Fitness Institute reserves the right to amend these terms and conditions at any time to ensure compliance with applicable State and Federal laws. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Fitness Institute shall not be liable for changes in personal or business circumstances that prevent the student from attending or completing the course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. In the event that any payment is dishonoured for any reason, the student/employer shall be liable for any dishonour fees incurred by Fitness Institute’s third party provider. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. It is the students responsibility to notify Fitness Institute if any personal details change. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. I give permission to display my photo and/or video footage for marketing purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | |  | | | | *No* | |
| 11. I give permission for any testimonial comments to be used for marketing purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | | | | | | | | |  | | | | *No* | |
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| 10. ENROLMENT DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I confirm I have read and understood the above information & certify that all details provided on this form are correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I confirm I have read and understood the information pack applicable to my role as a student or employer/supervisor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who will be paying for the training? | | | | | | | | | | | | | | | | | | | | | | | Student/Self Pay | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Student (Required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Signature of person Authorising training (\*If employer paying) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Student (Please print clearly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Name of Employer (Please print clearly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. SHIRT ORDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ladies: | | | | | | 8 | | | | | | | | |  | | 10 | | | | | |  | | 12 | | | | | | | | | | | | |  | | | | 14 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | 16 | | | | | | | | | | |  | | | | | Other: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. PAYMENT DETAILS | | | | | | | | | | | | | | |
| **DETAILS OF PAYEE** | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | |  | Given Names: | | |  | |
| Phone: | |  | | |  | Email: |  | | | | | | | |
| Address: | | | |  | | | | | | | | | | |
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| **Payment option (choose ONE payment method from below – please print clearly)** | | | | | | | | | | | | | | |
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|  | **OPTION 1 – UPFRONT PAYMENT** | | | | | | |  | | | **OPTION 2 – INSTALLMENT PAYMENT PLAN** | | |  |
|  |  | | | | | | |  | | |  | | |  |
|  | With upfront payment receive a $500.00 discount (Cert III/IV combo only).  Total amount upfront: $4,495.00 (Cert III and IV) | | | | | | |  | | | **Cert IV - $2,995.00**  $1,000.00 enrolment fee +  **$124.68 weekly payments** for **4 months**  **$83.15 weekly payments** for **5 months**  *Note: Payment plans over 5 months incur a $500.00 admin fee.*  **$77.96 weekly payments** for **7 months**  **Cert III and IV - $4,995.00**  $1,000.00 enrolment fee +  **$249.69 weekly payments** for **16 weeks**  **$166.46 weekly payments** for **24 weeks**  *Note: Payment plans over 24 weeks (6 months) incur a $500.00 admin fee.*  **$140.47 weekly payments** for **32 weeks**  **$86.45 weekly payments** for **52 weeks**  Total amount payable: $5,495.00  *Please fill out the attached PaySmart direct debit form.* | | |  |
|  | | | **DIRECT DEPOSIT** | | | |
|  | | | Fitness Institute’s bank details are as follows:  **Account Name:** Fitness Institute  **BSB:** 484-799  **Account Number:**  163836940  **Institute:** Suncorp  **Reference:** (insert your full name) | | | |
|  | | | | | | |
|  |  | | | | | | |  | | |  | **ENROLMENT FEE - DIRECT DEPOSIT** | |  |
|  |  | | | | | | |  | | |  | Enrolment Fee of $1,000.00 payable to Fitness Institute. Fitness Institute’s bank details are as follows:  **Account Name:** Fitness Institute  **BSB:** 484-799  **Account Number:**  163836940  **Institute:** Suncorp  **Reference:** (insert your full name) | |  |