



# Enrolment Form

Information contained in this document is utilised in accordance with FMEDGE Privacy Policy

Please complete the following form in full and return.

If you have any questions, please contact our customer service staff on:  
+61(0)3 8605 4844, or  
visit our website at: [www.fmedge.com.au](http://www.fmedge.com.au)

Post: FMedge PO Box 128 Portarlington,  
Victoria, Australia 3223  
Email: [student-admin@fmedge.com.au](mailto:student-admin@fmedge.com.au)

## Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Surname:					
Given Name:			Middle Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		

## Section 2 – Identification

Have you completed a Course with FMEDGE previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Previous Course Name		
<b>Unique Student Identifier (USI)</b>		
FMEDGE is required by law to verify your <b>Unique Student Identifier (USI)</b> before we can issue certification.		
Do you have a USI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your USI No.
** Obtaining your USI?	<input type="checkbox"/> I will obtain my own USI from <a href="http://www.usi.gov.au/">http://www.usi.gov.au/</a> . I understand that delay in supplying my USI to FMEDGE may result in delay in course participation and certification. <input type="checkbox"/> I authorise FMEDGE to obtain a USI on my behalf. I have attached one form of ID.	
<b>Provide at least ONE form of ID (e.g. Driver's License) (Your ID must be certified)</b>		
ID Type:		City of Birth
ID #:		
<b>List relevant industry licences you hold</b>		
Examples:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
• Occupational Licenses	<input type="checkbox"/>	
• Industry Inductions	<input type="checkbox"/>	
• First Aid	<input type="checkbox"/>	
• High Risk	<input type="checkbox"/>	

## Section 3 – Qualification / Course Details

I wish to enrol in the following course:		
Qualification / Course Name:		
Delivery Mode & Commencement:	<input type="checkbox"/> Classroom	Date:
	<input type="checkbox"/> Correspondence	Time:
	<input type="checkbox"/> Online	Location:
	<input type="checkbox"/> Apprenticeship / Traineeship	
	<input type="checkbox"/> Workplace – Based	
	<input type="checkbox"/> School – Based	
	<input type="checkbox"/> Assessment Only (RPL)	



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## Section 4 – Contact Details

### Personal Contacts

Phone: (Home)		Mobile:	
Email:			
<b>Home Address:</b>			
Address:			
Suburb:		State:	
			Postcode:
<b>Mailing Address:</b>			
Address:			
Suburb:		State:	
			Postcode:
<b>Next of Kin:</b>			
Name:		Relationship:	
Contact Tel:		Mobile No:	

## Section 5 – Workplace Details (if applicable)

Current Employer:			
Address:			
Suburb:		State:	
			Postcode:
Email Address:			
Contact Person:		Work No:	

## Section 6 – Marketing Feedback

<b>How did you hear about FMEDGE?</b>	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage /	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> I am a Past Student <input type="checkbox"/> From a past student of FMEDGE
	Other:	
<b>How did you hear about this course?</b>	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend
	Other:	



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## Section 7 - Payment

<b>Responsibility for Payment</b>	<input type="checkbox"/> Client (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian	<input type="checkbox"/> Other: (Please identify)
<b>Fee Type:</b>	<input type="checkbox"/> Member Rate <input type="checkbox"/> Fee For Service <input type="checkbox"/> Corporate Rate	

### Total of Fees:

<ul style="list-style-type: none"> <li>Invoices/receipts will be raised and sent within 7 days of enrolment date.</li> <li>Payment is expected within 14 days.</li> <li>Payment must be made before commencement of course.</li> <li>The Admin fees are payable immediately. No refund is applicable for these fees.</li> <li>Cancellation fees may apply, refer to refund policy.</li> </ul>	<b>Course Fee:</b>	\$
	<b>Administration Fee:</b>	\$
	<b>Total:</b>	\$

### Payment Plan:

The following payment plan has been negotiated & agreed:	Initial Payment = \$1500	Initial Payment (\$1500) =	\$
	Per Unit Fee = \$	As new unit is commenced	\$

### Payment Options / Method:

<input type="checkbox"/> Cheque	Please make cheques payable to: Facilities Management Training Partners Pty Ltd
<input type="checkbox"/> Direct Deposit	Account Name: Facilities Management Training Partners Pty Ltd BSB: 033 009 Account No. 238710

### Agreement to Payment terms and plan outlined above.

I hereby agree to the payment terms and plan as outlined.

<b>Client Signature:</b>		<b>Date:</b>	/ /
<b>RTO Signature:</b>		<b>Date:</b>	/ /

## Section 8 – Personal Information

### A. Indigenous Status (Please choose by placing an X in the boxes that apply to you)

<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

### B. Employment Status (Please choose by placing an X in the boxes that apply to you)

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment

### Of the following categories, which BEST describes your current employment status? (Tick one)

<input type="checkbox"/>	Manager	<input type="checkbox"/>	Professional
<input type="checkbox"/>	Technicians and Trade Workers	<input type="checkbox"/>	Community and Personal Services Workers



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Of the following categories, which BEST describes your current employment status? cont.. (Tick ONE box only)

<input type="checkbox"/>	Clerical and Administrative Workers	<input type="checkbox"/>	Sales Worker
<input type="checkbox"/>	Machinery operators and Drivers	<input type="checkbox"/>	Labourers
<input type="checkbox"/>	Other		

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

<input type="checkbox"/>	Agriculture, Forestry and Fishing	<input type="checkbox"/>	Financial and Insurance Services
<input type="checkbox"/>	Mining	<input type="checkbox"/>	Rental, Hiring and Real Estate Services
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Professional, Scientific and Technical Services
<input type="checkbox"/>	Electricity, gas, Water and Waste Services	<input type="checkbox"/>	Administrative and Support Services
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Public Administration and Safety
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Education and Training
<input type="checkbox"/>	Retail trade	<input type="checkbox"/>	Health care and Social Assistance
<input type="checkbox"/>	Accommodation and feed Services	<input type="checkbox"/>	Arts and Recreation Services
<input type="checkbox"/>	Transport, postal and Warehousing	<input type="checkbox"/>	Information Media and telecommunications
<input type="checkbox"/>	Other services		

## C. Disability Status (Please choose by placing an X in the boxes that apply to you)

Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?

Yes       No – Go to D.

Disability, Impairment or Long-Term Condition:

<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Not Specified

Other:

Do you need any additional support?       Yes       No

Specify support required:

## D. Language and Literacy (Please choose by placing an X in the boxes that apply to you)

Are you an Australian Citizen?       Yes       No

If NO, what is your country of birth?

Is English your First Language?       Yes       No

If NO, what language do you usually speak?

How well do you speak English?       Very Well       Minimal  
 Well       Not at all

## E. Education (Please choose by placing an X in the boxes that apply to you)

What is your highest level of education COMPLETED?

<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
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<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Year / Month Completed:	/	School:	


## F. Training *(Please choose by placing an X in the boxes that apply to you)*

Have you completed any other courses / qualifications? (Specify Below)  Yes  No

Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
<input type="checkbox"/> Certificate I		<input type="checkbox"/> Diploma/Adv Diploma	
<input type="checkbox"/> Certificate II		<input type="checkbox"/> Bachelor	
<input type="checkbox"/> Certificate III		<input type="checkbox"/> Post Grad	
<input type="checkbox"/> Certificate IV		<input type="checkbox"/> Masters/Doctorate	

Other:

## Prior Education – Is your qualification one of the following?

<input type="checkbox"/>	Australian Qualification	<input type="checkbox"/>	International Qualification
<input type="checkbox"/>	Australian Equivalent Qualification		

## G. Reason for Study *(Please choose by placing an X in the boxes that apply to you)*

<b>Which of the following statements best describes your reason for enrolling in this course?</b>	<input type="checkbox"/> Personal Interest <input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job <input type="checkbox"/> Other: (Please identify)	<input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To gain a qualification
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## Section 9 –Client Enrolment and Policy Acceptance Declaration

I declare that I have read, understood and agree with the following:	Initial
All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.	
<b>PRIVACY</b> The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website <a href="http://www.fmedge.com.au">www.fmedge.com.au</a>	
<b>REFUND POLICY</b> Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us.	
<b>COLLECTION FEES</b> By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.	



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## Privacy Notice and Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, **FMEdge** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER)

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **FMEdge** for statistical, regulatory and research purposes. **FMEdge** may disclose your 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.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted

NCVER will collect, hold, use and disclose your 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](http://www.ncver.edu.au)).

### Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE (or electronic acknowledgment) ..... Date .....

PARENT/GUARDIAN SIGNATURE (or electronic acknowledgment) ..... Date .....

<b>Client Name:</b>			
<b>Client Signature:</b>		<b>Date:</b>	/ /
<b>RTO Staff Name:</b>			
<b>RTO Signature:</b>		<b>Date:</b>	/ /



## Focused Management Education Developing Global Enterprise

Admin Use Only							
Client Name:							
Course Enrolled:							
Client Student Number:							
LLN Assessment completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Enrolment processed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Client File Created:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Invoice Raised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Invoice Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Confirmation Letter Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Trainer / Assessor Advised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	
Client Induction Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/ /	Initial:	