

# ENROLMENT FORM

**NOTE: PAYMENT IS REQUIRED AT TIME OF ENROLMENT**

**NOTE: Course price increases effective for courses scheduled in 2009 – please refer to the 2009 Training Program (available upon request)**

## Course

**Starting Date:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> <b>WHSO Core</b> (MUST be completed prior to undertaking an elective unit)   | <input type="checkbox"/> <b>WHSO Industrial</b> (Elective) *    |
| <input type="checkbox"/> <b>WHSO Construction</b> (Elective) *  | <input type="checkbox"/> <b>WHSO Service-Based</b> (Elective) * |
| * (Core assignment must be completed prior to attending elective. CORE ASSESSMENT REPORT NUMBER _____)  |   |
| <input type="checkbox"/> <b>WHSO Recertification</b> ** (Please indicate which elective you are qualified for: SERVICE / INDUSTRIAL / CONSTRUCTION) |   |
| ** (Expiry date for qualification ____/____/____ Certification/qualification number _____)  |   |
| <input type="checkbox"/> <b>Workplace Rehabilitation and Return to Work Coordinator</b>   | <input type="checkbox"/> <b>Work Safely in Confined Spaces</b>  |
| <input type="checkbox"/> <b>Safety Representatives</b>  | <input type="checkbox"/> <b>Work at Heights</b>                 |
| <input type="checkbox"/> <b>Apply First Aid (2 day /Workbook /Refresher) - circle type</b>  | <input type="checkbox"/> <b>Resuscitation</b>                   |
| <input type="checkbox"/> <b>Other</b> _____   |   |

## Participant Details - (Personal details required for training records)

Surname: ..... First Name: ..... Position: .....  
Street address: ..... Suburb: ..... Post Code: .....  
Home Phone No: ..... Mobile Phone: ..... E-mail: .....

**PLEASE ADVISE IF THERE ANY SPECIAL NEEDS OF THE PARTICIPANT? e.g. WHEELCHAIR ACCESS, SPECIAL MEALS, LITERACY & NUMERACY, HEARING & VISION IMPAIRED OR ANY OTHER DISABILITY THAT MAY PREVENT THEM FROM SUCCESSFULLY COMPLETING THE COURSE**

## Employer Details - (If no employer please enter 'as above')

Organisation: ..... Phone No: ..... Fax No: .....  
Postal Address: ..... Suburb: ..... Post Code: .....  
Contact person: ..... E-mail: .....

- I HAVE READ, UNDERSTAND AND AGREE TO THE APPLICATION OF THE ENROLMENT POLICY, CANCELLATION / REFUND POLICY & CODE OF PRACTICE (ATTACHED OR ON THE REVERSE SIDE OF THIS FORM OR AS STATED AT WWW.AUSTCHS.COM)
- I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT

PARTICIPANT/AUTHORISING OFFICER'S NAME: _____	PARTICIPANT/AUTHORISING OFFICER'S SIGNATURE: _____	DATED: _____
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## FEES MUST ACCOMPANY ENROLMENT FORM (payable in advance)

<b>Invoice / Receipt to be sent to:</b>	<input type="checkbox"/> <b>Attendee</b>	<input type="checkbox"/> <b>Employer</b>	Purchase Order Number ** _____ ** (Copy of Purchase Order must be attached)
Accounts contact name: _____		Accounts phone number: _____	

Cheque     Money Order     Cash     Internet Banking (Please contact the college for details)

Credit Card

**I AUTHORISE PAYMENT BY MY CREDIT CARD:**

\*All Credit Card transactions incur a 3% surcharge fee

Visa \*     Mastercard \*     Bankcard \*

For the amount of: \_\_\_\_\_ (including surcharge)    Name stated on card: \_\_\_\_\_

Card Number: \_\_\_\_\_    Card Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last three digits of number on signature panel: \_\_\_\_\_    Card Holder Signature: \_\_\_\_\_

## CODE OF PRACTICE

### OUR VISION

Our vision is to provide Australians and our Asian Neighbours with the opportunity to have safer and healthier workplaces and communities.

### LEGISLATION

The Australasian College of Health & Safety ensures all relevant Commonwealth and State legislative and regulatory requirements are followed.

### OBJECTIVES

The objectives of the Australasian College of Health & Safety include the provision of education and training to develop behaviour and skills necessary for creating safer and healthier workplaces and communities.

### QUALITY

Australasian College of Health & Safety demonstrates a focus on quality and consistency in the development and provision of its services, products and operations, and is Quality Assured to ISO/AS/NZS 9001.

### ACCESS & EQUITY

Our college is committed to access and equity principles and processes.

### CANCELLATION & REFUND POLICY

- Should a cancellation of enrolment be advised more than 10 days prior to the course, the student will be automatically enrolled into a future equivalent course, or may request a full refund.
- Should a cancellation of enrolment be advised within 3-10 days prior to the course, no refund is applicable. The full fee will be credited towards other Australasian College of Health & Safety training and must be used within 12 months by the enrolled student, or nominated and approved substitute, or it will be forfeited.
- Should a cancellation of enrolment be advised less than 3 working days prior to the course no refund is applicable. Should the student wish to have the fees paid credited to another course offered by the College, a non-transferable fee of 20% of the full course fee is charged to cover incurred administration costs. The remaining 80% will be credited towards other Australasian College of Health & Safety training and must be used within 12 months or it will be forfeited.
- When a non-attendance occurs (i.e. the course has started and no notice was given) NO REFUND or transfer is applicable and the entire cost of the course will be due and payable in full.
- Course cancellations and rescheduling notified to ACHS, must be provided in writing to the Accounts Manager. Participants are urged to contact the college if they have not received an ACHS confirmation of cancellation within 24 hours of sending the notification to cancel/reschedule.
- Enrolment is accepted on the basis that the College will not be held liable for costs incurred due to course cancellation or rescheduling. The College will use all endeavours to give as early advice as possible of any course changes.
- Cancellation policies for specific course may apply to override this general policy.
  - Any course subject to a proposal has Service Cancellation & Postponement conditions.
  - Any online course is subject to the 'online service terms and conditions'.
- Course dates and fees are subject to change without prior notice.
- Students who have a complaint with the application of this policy may take action in accordance with the Complaint and Appeal Procedure.

### COMPLAINTS AND APPEAL PROCEDURES

If a student has a complaint with any aspect of their training, they are requested to follow the steps within our complaint and appeal procedures.

### RECOGNITION OF PRIOR LEARNING (RPL) and CREDIT TRANSFER

Our policy commits the Australian College of Health & Safety to the principals governing the recognition of prior learning and credit transfer. RPL focuses on identifying the endorsed industry competency standards currently held by individuals as a result of formal and informal training, not how, when or where the learning occurred. The college recognises Statement of Attainments and Qualifications issued by other RTO's.

### ASSESSMENT METHODS

Australasian College of Health & safety will conduct assessments in a fair and equitable manner as appropriate to the course objectives, learning outcomes, or competencies.

### LITERACY & NUMERACY

Australasian College of Health & Safety endeavours to enhance effective participation by all adults in vocational education and training, in the workplace and the communities, by providing access to quality English language literacy and numeracy programs and services.