



## Course Application Form

To enrol in a course, complete this application and forward it together with the full payment to

**H<sub>2</sub>O PRO Pty Ltd, PO Box 831 Mulgrave Vic 3170.**

Phone: (03) 9548 4244

Fax: (03) 9548 4288

### Personal Details:

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Gender: (please circle)    Male    Female

Phone (Home): \_\_\_\_\_

(Work/Mobile): \_\_\_\_\_

### Course Enrolment:

For information regarding Educational Standards, Mutual Recognition, Cancellations and Refunds, Trainee Grievances and our Training Guarantee, contact H<sub>2</sub>O Pro for a copy of our Code Of Practice, or you can view it on our website at [www.h2opro.com.au](http://www.h2opro.com.au). Completion of this application indicates you have read and accepted these conditions.

Course Title	Course Date(s)	Course Venue

*\* Please note: Bookings close 7 days prior to the commencement date of the course or when the course is booked out*

### Payment Details:

*Applications will not be accepted without full payment or an authorised Purchase Order.*

**Payment Method – Please Circle**

Cheque / Money Order

Cash

Credit Card

Card Type:     Visa             Mastercard

Card holders name: \_\_\_\_\_ Card N<sup>o</sup>: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Card Expiry: \_\_\_\_\_ / \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

**\*\*All credit card payments are subject to a processing fee of \$3.30 inc. GST. Please add this to the total amount of payment.**

(Refer course price brochure / website for current prices. Please make all cheques payable to "H<sub>2</sub>O PRO Pty Ltd")

### Statistical Information

As a Registered Training Organization we are required to obtain the following information on behalf of the State Training Authority in your State / Territory. This information will be treated in the strictest of confidence.

1. Are you of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO which country where you born?.....	7. Since leaving school, have you <b>COMPLETED</b> any tertiary qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then tick ANY applicable boxes. <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Advanced / Technician Cert <input type="checkbox"/> Other Certificate <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Undergraduate Diploma <input type="checkbox"/> Degree or Post Grad. Diploma
3. Which language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other.....	8. Of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time / Casual employee <input type="checkbox"/> Self employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid family worker <input type="checkbox"/> Unemployed - seeking full time work <input type="checkbox"/> Unemployed - seeking part time work
4. Do you consider yourself to have a permanent and significant disability? If YES then tick any applicable boxes. <input type="checkbox"/> Visual/sight/seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other <input type="checkbox"/> Physical	5. What is your highest <b>COMPLETED</b> secondary school level?..... Year completed.....

#### Lifeguard Candidates Only

*I do / do not\* give permission for H<sub>2</sub>O PRO to forward my name and telephone number to potential employers who are seeking qualified staff.*

(\*strike out whichever is not applicable. Failure to complete this section will be deemed that approval is given)

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Credit Card Payment:            Yes / No

C / C Processed: \_\_\_\_\_

Invoice Date: \_\_\_\_\_