

Course Enrolment Form

To enrol in a course, complete this enrolment form and forward it together with the full payment to
H₂O PRO Pty Ltd, PO Box 831 Mulgrave Vic 3170.
 Phone: (03) 9548 4244 Fax: (03) 9548 4288 e.mail enrolments@h2opro.com.au

*Training That
Saves Lives!*

Candidate Details			
First Name: _____		Surname: _____	
Normal Residential Address: _____			Postcode: _____
Postal Address (if different to above): _____			Postcode: _____
Date of Birth: / /		Please circle: Male Female Other	
Home Phone: ()		Mobile: _____	
E.mail: _____ <i>(Confirmation of your enrolment will be e.mailed to this e.mail address)</i>			

Course Enrolment								
	Update Course (✓)	Full Course (✓)		Refresher Course (✓)	Full Course (✓)		Update Course (✓)	Full Course (✓)
Pool Lifeguard			Level II First Aid			Resuscitation		
Other								
Course Date(s) _____				Course Venue _____				

** Please note: Bookings close 3 business days prior to the commencement date of the course or when the course is booked out.*

Unique Student Identifier (USI) _____	Failure to provide a USI will delay your enrolment and the issuing of your certificate. If you do not have a USI you will need to obtain one - Go to www.usi.gov.au
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Victorian Student Number (VSN): _____	If under the age of 25 years, please provide your Victorian Student Number (VSN). If you are under 25 yrs of age and do not know your VSN, please contact your previous school to obtain the number. Failure to provide your VSN will delay the issuing of your certificate. If you are under 25 yrs old and are new to the Victorian Education System please tick this box <input type="checkbox"/>
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Payment Details	
Payment Method Please Tick: <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> Credit Card	Discount Code if applicable): _____
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Total Amount: \$ _____**
** Credit card payments are subject to a processing fee of \$3.30 inc. GST. Please add this to the total amount of payment. (All cheques should be made payable to "H ₂ O Pro Pty Ltd")	
Card Holders name: _____	Card Number: _____
Card Holders Signature: _____	Card Expiry: _____/_____
Applications will <u>not</u> be accepted without payment or an authorised Purchase Order. (Refer to our Course Price Brochure or Website for current prices)	

Declaration:	I confirm having been provided a copy of the course outline and the H ₂ O Pro Pty Ltd Code of Practice which details information regarding Educational Standards, Mutual Recognition, Cancellations and Refunds, Complaints & Appeals, Privacy Statement and the Training Guarantee. I confirm that I understand and accept these requirements and that the information I have provided, to the best of my knowledge, is true and correct. I also confirm that I have the required pre-requisites (if any) for the course I am enrolling in and that I am medically & physically fit enough to participate and complete the course. I authorise H ₂ O Pro to transfer any of my prepaid course fees from their Trust account into their trading account upon commencement of the course.
Candidate Signature: _____	Date: _____
A copy of our Code of Practice and the course outline is available from our office or you can view it on our website at www.h2opro.com.au	

As a Registered Training Organisation (RTO 5057) we are required to obtain the following information. Please circle or tick the most correct answer	
1. In Which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – Please specify: _____
2. Do you speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" Please Specify: _____
3. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
4. Are you of aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
5. Do you consider yourself to have a permanent and significant disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES then tick any applicable boxes: <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other
6. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is your highest COMPLETED secondary school level?	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 8 or below
8. Since leaving school, have you COMPLETED any tertiary qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES then circle any applicable quals. <input type="checkbox"/> Bachelor Degree or Higher degree <input type="checkbox"/> Advanced Diploma or Associate degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other Certificate
9. 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 worker in family business <input type="checkbox"/> Unemployed - seeking full time work <input type="checkbox"/> Unemployed - seeking part time work <input type="checkbox"/> Not employed – not seeking employment
10. Of the following, which best describes your main reason for undertaking this course:	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop existing business skills <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self development <input type="checkbox"/> Other

OFFICE USE ONLY	Date Received: _____	Confirmation Sent: _____	Receipt No or Inv Date: _____	Amount: _____
Mail / E.mail				