

# TMA Eligibility/Enrolment Form (GS)

Personal Details (Please print clearly)					
<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /	
Surname:		First Name:		Middle Name:	
Phone:	Mobile:	Email:			
Home Address:	Street:				
Suburb:		State:		Post Code:	
Postal Address (if applicable):					
Statistical Information:					
Ethnicity and Language					
Country of Birth:		Are you an Australian Citizen / Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Holder of Permanent Visa (as a permanent resident) <input type="checkbox"/> Temporary Protection Visa Holder <input type="checkbox"/> Special Category Visa Holder (New Zealand Citizen) <input type="checkbox"/> East Timorese Asylum Holder			
Language Spoken at home:					
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not very well <input type="checkbox"/> Not at all					
Are you aboriginal or Torres Strait Islander Origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)					
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander	
Disability					
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other _____					
Employment Status (Please tick the one that best describes your employment status)					
<input type="checkbox"/> Fulltime Employee		<input type="checkbox"/> Part time			
<input type="checkbox"/> Self Employed (not employing others)		<input type="checkbox"/> Unemployed - Seeking full time work			
<input type="checkbox"/> Unemployed – Seeking part time work		<input type="checkbox"/> Employed – Unpaid worker			
<input type="checkbox"/> Employer		<input type="checkbox"/> Not Employed – Not seeking work			
<input type="checkbox"/> Other: _____					
Employer Information (If applicable)					
Company Name:					
Employer Address:			Position:		
Work no:		Fax Number:		Email:	
Employer / Supervisor Name:					

## Educational Details

### What is your highest completed School Level:

- Year 12             Year 9 or equivalent  
 Year 11            Year 8 or Lower  
 Year 10            Did not go to School

Are you still attending Secondary School  Yes  No

In which Year did you complete secondary school: \_\_\_\_\_

### Have you successfully completed any of the following qualifications:

- Bachelor Degree or higher degree             Certificate IV or Advanced Certificate/Technician  
 Advanced Diploma or Associate Degree        Diploma or Associate Diploma  
 Certificate III or Trade Certificate             Certificate II  
 Certificate I  
 Certificate other than above - details: \_\_\_\_\_

## Study Reason

### Which of the following BEST describes your main reason for enrolling into this course?

- To get a Job     To try a different career  
 To get a better Job or Promotion                It is a requirement of my current job  
 To obtain extra skills for my job                To get into another course of study  
 To start my own business                         To develop my existing business  
 For self development

## Course Selection

Please tick the box of the course you want to enrol: (NB. A separate enrolment form is required for each course).

- FNS40804 Certificate IV in Financial Services (Finance/Mortgage Broking)  
 FNS50504 Diploma of Financial Services (Finance/Mortgage Broking Management)  
 FNS50504 Diploma of Financial Services (Finance/Mortgage Broking Management) includes RG146 Life  
 FNS50804 Diploma of Financial Services (Financial Planning)

### Type of Enrolment: (Office use only)

- Skills for Victoria - Skills for Growth  
 Skills for Victoria - Skills Deepening  
 ATTP  
 Other: \_\_\_\_\_

## INFORMATION PROVIDED

	Copy of Enrolment Form
<input type="checkbox"/>	Student Pre Assessment
	Language, Literacy & Numeracy Assessment
	RPL/CT explained and offered
	Student Information Guide

## Terms & Condition

### I declare that:

- The information supplied regarding this application including my citizenship, age and highest prior qualification, to the best of my knowledge is **true and complete**.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal of a place offered by Traineeship Management Australia, at any stage during the course undertaken.
- Information supplied may be disclosed to relevant State and Federal Government agencies and bodies (e.g. DEEWR, Skills Victoria) as appropriate to report enrolment details and for statistical purposes
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship, Skills Victoria, Centrelink and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).
- I have read the Student Information Guide, including all policies and agree to the requirements stated therein, in particular fees and charges and circumstances for resit and re assessment.

### I give permission for TMA

- (If applicable) To provide assessment results and other progress information to my Employer.
- To obtain further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. Email)
- Provide information to government, educational and any other relevant institutions for the purpose of research, statistical analysis, program elevation and internal management. I am aware that I might receive the National Student Outcomes Survey conducted by the NCVET.
- To use course feedback on marketing and advertising material.

<b>Student Name:</b>	<b>Student Signature:</b>	<b>Date:</b>
<b>Employer Name (if applicable):</b>	<b>Employer Signature:</b>	<b>Date:</b>
<b>TMA Representative Name:</b>  <b>Eligibility Checks:</b>  Birth Certificate sighted <input type="checkbox"/> Passport sighted <input type="checkbox"/> Drivers licence sighted <input type="checkbox"/> Medicare Card sighted <input type="checkbox"/>  Citizenship and Age meet eligibility requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Enrolment Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	<b>TMA Representative Signature:</b>	<b>Date:</b>

## Payment Details

I wish to enrol in the following Traineeship Management Australia (TMA) course:

Proposed Commencement Date:

City/State:

Government Funded Course	Months	Fee
<input type="checkbox"/> FNS50504 Dip FS (F/MBM)	3-6	\$495
<input type="checkbox"/> FNS50504 Dip FS (F/MBM) upgrade with RG146 compliant Life Insurance*	3-6	\$495
<input type="checkbox"/> FNS50804 Diploma of Financial Services (Financial Planning)	3-6	\$495
	<b>Total</b>	<b>\$_____</b>

\* Please attach copy of **your** FNS40804 Certificate IV in Financial Services (Finance/Mortgage Broking) **including** the "Statement of Results"

### Payment

Please indicate how payment will be made      **Cash**     **Cheque**      **Credit Card**

My cheque/money order payable to "Traineeship Management Australia" is enclosed; or

Please debit the amount indicated above to my:

**Credit Card**

Bankcard

Visa

Mastercard

No.:

Card Holder's Name: (please print) \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

A bank transfer has been made to "TMA" BSB: 033-126... Account: 279-546

Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank of Origin: \_\_\_\_\_ Reference \_\_\_\_\_

Please fax confirmation of bank transfer to **03 9419 3466**