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| ENROLMENT FORM | L4/31 Leichhardt Street NORTH WARD QLD 4814Phone: (07) 4771 2791Email: info@fitnessinstitute.com.au  | C:\Users\fitnessinstitute\Dropbox\Fitness Institute - Website Files (1)\Video Pictures\FitnessInstitute_Logo_2013.pngProvider No. 32089 |

The Cert III Fitness/Cert IV Personal Training specifies the competencies required to allow for initial employment in the ever evolving fitness industry and confidence to deliver innovative one-on-one personalised programs and training sessions.

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| 1. COURSE DETAILS |
| Course Title: | [ ]  SIS30310 Certificate III in Fitness |  | [ ]  SIS40210 Certificate IV in Fitness |  | [ ]  Both |
| Location: |  |  | Commencement Date (DD/MM/YYYY): |  / /     |
|  |
| 2. EMPLOYER DETAILS |
| Company Name: |  |  | Job/Position: |  |
| Work Email Address: |  |
| Supervisor Name: |  |  | Contact Number: |  |
|  |
| 3. PERSONAL DETAILS |
| Title: | [ ]  Mr |  | [ ]  Mrs |  | [ ]  Ms | [ ]  Miss |  | [ ]  Dr |  | Gender: | [ ]  Male |  | [ ]  Female |
| Surname: |  |  | Given Names: |  |
| Preferred Name: |  |  | Date of birth (DD/MM/YYYY): |  / /     |
| Phone - Mobile: |  |  | Phone - Work: |  |
| Email Address: |  |
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| **RESIDENTIAL ADDRESS** |
| House Number: |  |  | Street Address: |  |
| Suburb: |  |  | State: |  |  | Postcode: |  |
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| **EMERGENCY CONTACT** |
| Contact Name: |  |  | Relationship: |  |
| Best Contact Number: |  |  | Alternate Contact Number: |  |
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| 4. PRIOR EDUCATION |
| What is your **highest completed school level?** |  |  | Year Completed: |  |
| Have you successfully completed any qualifications: | *[ ]  Yes* |  | *[ ]  No* |
| *If* ***yes,*** *tick the appropriate box(s) below and specify type of qualification(s) and year completed:* |
| *[ ]*  | Bachelor / Degree or Higher Degree Level |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Advanced Diploma or Associate Degree |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Diploma (or Associate Degree) |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Certificate IV (or Advanced Certificate/Technician) |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Certificate III (or Trade Certificate) |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Certificate II |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Certificate I |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Miscellaneos Education |  | Specify: |  |  | *Year Completed:* |  |
| *[ ]*  | Currently Studying |  | Specify: |  |  | *Year Completed:* |  |
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| 5. CURRENT EMPLOYMENT |
| Which describes your current employment status? (tick **ONE** box) |
| *[ ]*  | Full Time Employee |  | *[ ]*  | Employed – unpaid worker in a family business |
| *[ ]*  | Part Time Employee |  | *[ ]*  | Unemployed – seeking full time work |
| *[ ]*  | Self Employed – not employing others |  | *[ ]*  | Unemployed – seeking part time work |
| *[ ]*  | Employer |  | *[ ]*  | Not employed – not seeking employment |
| Length of time with current employer? | *[ ]  0-3 months* |  | *[ ]  3-6 months*  |  | *[ ]  6-12 months*  |  | *[ ]  12+ months* |
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| 6. OTHER INFORMATION |
| Where you born in Australia? | *[ ]  Yes* |  | *[ ]  No*  |
| *If* ***NO****, please specify the following:* |
| Country of Birth: |  |  | Language Spoken at Home: |  |
| Proficiency in English: | [ ]  Very Well |  | [ ]  Well |  | [ ]  Not Well |  | [ ]  Not at All |
| Do you have a permanent Australian residency? | *[ ]  Yes* |  | *[ ]  No* |
| Are you Aboriginal/Torres Strait Islander? | *[ ]  No* |  | *[ ]  Yes, Aboriginal* |  | *[ ]  Yes, Torres Strait Islander* |  | *[ ]  Both* |
| Do you consider yourself to have a disability, impairment or long-term condition? | *[ ]  No* |  | *[ ]  Yes* |
| *If* ***yes,*** *please specify below:* |
| *[ ]*  | Hearing/Deaf |  | *[ ]*  | Learning |  | *[ ]*  | Vision |
| *[ ]*  | Physical |  | *[ ]*  | Mental Illness |  | *[ ]*  | Medical Condition |
| *[ ]*  | Intellectual |  | *[ ]*  | Acquired Brain Impairment |  | *[ ]*  | Other, please specify: |  |
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| 7. STUDY REASONS |
| Which best describes your main reason for undertaking this course? (tick **ONE** box) |
| *[ ]*  | To get a job |  | *[ ]*  | It was a requirement for my job |
| *[ ]*  | To develop my existing business |  | *[ ]*  | I wanted extra skills for my job |
| *[ ]*  | To start my own business |  | *[ ]*  | To get into another course or study |
| *[ ]*  | To try for a different career |  | *[ ]*  | Other reasons |
| *[ ]*  | To get a better job or promotion |  | *[ ]*  | For personal interest or self-development |
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| 8. FURTHER KNOWLEDGE |
| Level of Numeracy/Maths? | *[ ]  Strong* |  | *[ ]  Good* |  | *[ ]  Weak* |
| Would you like to do a short evaluation of your literacy & numeracy skills before starting the course? | *[ ]  Yes* |  | *[ ]  No* |
| Would you like further information about RPL or Credit Transfer for this course? | *[ ]  Yes* |  | *[ ]  No* |
| Is there anything related to your learning that you would like support with? | *[ ]  No* |  | *[ ]  Yes* |
| *If* ***yes,*** *please specify:* |  |
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| 9. TERMS & CONDITIONS |
| 1. Enrolments will only be confirmed on receipt of a signed enrolment form, payment of enrolment fee and a signed direct debit (PaySmart) form, if applicable. |
| 2. Payment MUST be received within three (3) business days of receipt of enrolment form. (Either full payment, or the minimum enrolment fee of $1,000.00). |
| 3. Cancellations must be notified in writing. Payments are non-refundable but may be transferrable to the on-line delivery method.  |
| 4. Payment must be made for all training received during the face-to-face component regardless of whether qualifications are obtained. |
| 5. Additional administration fees are incurred for re-enrolment in subjects not completed within the course timeline (within four weeks after the completion of the face-to-face component; 7 months for on-line completion). |
| 6. Fitness Institute reserves the right to amend these terms and conditions at any time to ensure compliance with applicable State and Federal laws. |
| 7. Fitness Institute shall not be liable for changes in personal or business circumstances that prevent the student from attending or completing the course. |
| 8. In the event that any payment is dishonoured for any reason, the student/employer shall be liable for any dishonour fees incurred by Fitness Institute’s third party provider. |
| 9. It is the students responsibility to notify Fitness Institute if any personal details change. |
| 10. I give permission to display my photo and/or video footage for marketing purposes. | *[ ]  Yes* |  | *[ ]  No* |
| 11. I give permission for any testimonial comments to be used for marketing purposes. | *[ ]  Yes* |  | *[ ]  No* |
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| 10. ENROLMENT DECLARATION |
| *[ ]*  | I confirm I have read and understood the above information & certify that all details provided on this form are correct. |
| *[ ]*  | I confirm I have read and understood the information pack applicable to my role as a student or employer/supervisor. |
| Who will be paying for the training?  | *[ ]* Student/Self Pay  |  | *[ ]* Employer |
| Signature of Student (Required) |  | Signature of person Authorising training (\*If employer paying) |
| **X** |  | **X** |
| Name of Student (Please print clearly) |  | Name of Employer (Please print clearly) |
|  |  |  |
| Date Signed |  | Date Signed |
|  |  |  |
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| 11. SHIRT ORDER |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ladies: | [ ]  8 |  | [ ]  10 |  | [ ]  12 |  | [ ]  14 |  | [ ]  16 |  | Other: |  |
|  |  |  |  |  |  |  |  |
| Mens: | [ ]  S |  | [ ]  M |  | [ ]  L |  | [ ]  XL |  | [ ]  XXL |  | Other: |  |

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| 12. PAYMENT DETAILS |
| **DETAILS OF PAYEE** |
| Surname: |  |  | Given Names: |  |
| Phone: |  |  | Email: |  |
| Address: |  |
|  |  |
| **Payment option (choose ONE payment method from below – please print clearly)** |
|  |  |
|  | **OPTION 1 – UPFRONT PAYMENT** |  | **OPTION 2 – INSTALLMENT PAYMENT PLAN** |  |
|  |  |  |  |  |
|  | With upfront payment receive a $500.00 discount (Cert III/IV combo only).Total amount upfront: $4,495.00 (Cert III and IV) |  | **Cert IV - $2,995.00**$1,000.00 enrolment fee +**$124.68 weekly payments** for **4 months****$83.15 weekly payments** for **5 months***Note: Payment plans over 5 months incur a $500.00 admin fee.***$77.96 weekly payments** for **7 months****Cert III and IV - $4,995.00**$1,000.00 enrolment fee +**$249.69 weekly payments** for **16 weeks** **$166.46 weekly payments** for **24 weeks** *Note: Payment plans over 24 weeks (6 months) incur a $500.00 admin fee.***$140.47 weekly payments** for **32 weeks****$86.45 weekly payments** for **52 weeks**Total amount payable: $5,495.00*Please fill out the attached PaySmart direct debit form.* |  |
| [ ]  | **DIRECT DEPOSIT** |
|  | Fitness Institute’s bank details are as follows:**Account Name:** Fitness Institute**BSB:** 484-799**Account Number:**  163836940**Institute:** Suncorp**Reference:** (insert your full name) |
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|  |  |  | [ ]  | **ENROLMENT FEE - DIRECT DEPOSIT** |  |
|  |  |  |  | Enrolment Fee of $1,000.00 payable to Fitness Institute. Fitness Institute’s bank details are as follows:**Account Name:** Fitness Institute**BSB:** 484-799**Account Number:**  163836940**Institute:** Suncorp**Reference:** (insert your full name) |  |