

ENROLMENT FORM

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.

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: _____

RESIDENTIAL ADDRESS

House Number: _____ Street Address: _____
Suburb: _____ State: _____ Postcode: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship: _____
Best Contact Number: _____ Alternate Contact Number: _____

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:

- | | | |
|--|----------------|-----------------------|
| <input type="checkbox"/> Bachelor / Degree or Higher Degree Level | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Diploma (or Associate Degree) | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | Specify: _____ | Year Completed: _____ |

- | | | |
|--|----------------|-----------------------|
| <input type="checkbox"/> Certificate II | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Certificate I | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Miscellaneous Education | Specify: _____ | Year Completed: _____ |
| <input type="checkbox"/> Currently Studying | Specify: _____ | Year Completed: _____ |

5. CURRENT EMPLOYMENT

Which describes your current employment status? (tick **ONE** box)

- | | |
|---|--|
| <input type="checkbox"/> Full Time Employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part Time Employee | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Self Employed – not employing others | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

Length of time with current employer? 0-3 months 3-6 months 6-12 months 12+ months

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:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Other, please specify: _____ |

7. STUDY REASONS

Which best describes your main reason for undertaking this course? (tick **ONE** box)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course or study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |

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: _____

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

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 _____
Name of Student (Please print clearly)

X _____
Name of Employer (Please print clearly)

Date Signed

Date Signed

11. SHIRT ORDER

Ladies: 8 10 12 14 16 Other: _____

Mens: S M L XL XXL Other: _____

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

With upfront payment receive a \$500.00 discount (Cert III/IV combo only).

Total amount upfront: \$4,495.00 (Cert III and IV)

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)

OPTION 2 – INSTALLMENT PAYMENT PLAN

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.

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)