

PLEASE NOTE: Download/save the form to your hard drive, then complete all areas of the enrolment.

The names that you provide below will be printed on any certificates or statements issued.

Identification (in colour) being ID or Passport must be provided at enrolment.

Qualification enrolling into: VBA Approved Pool Safety Inspectors Course (VBAISP2020)

Date of Course enrolling into:

Student Details:

Title: _____ Full name: _____
{ First, middle and surname }

Date of birth: _____ Phone: _____

Email address: _____

Residential address: _____
{ Unit no., Street no., Street, Suburb, State, Postcode }

Postal address: _____
{ If different to residential address }

The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data collection.

This information is required for the collection and analysis of vocational education and training throughout Australia. It is not made available to any third party for any other purpose.

Residency status: _____ Indigenous status: _____

City of birth: _____ Language spoken at home: _____

Country of birth: _____ Level of language proficiency: _____

Do you have any disabilities that would impact on your ability to complete the qualification? _____

What disabilities do you identify as having? _____

Will you require extra support to assist you in completing your qualification? _____
{ If 'Yes', IRLearning will contact you to arrange support. }

Education & Background:

Highest completed school level: _____ Year completed: _____

Most recent qualification: _____

Current employment status: _____

Which best describes your main reason for enrolling? _____

Declaration and Consent: (PLEASE READ AND SIGN BELOW TO INDICATE YOUR CONSENT)

I have reviewed the pre-enrolment information at www.irlearning.com including the fee information, Recognition of Prior Learning, Credit Transfer, deferring or discontinuing training, Consumer Protection information, how to access support and assistance during my training and I understand my rights and obligations prior to my enrolment.

I understand that the information provided by me will be used by IRLearning, SPASA, the Department of Education and Training and the Australian Skills Quality Authority for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes.

I understand that IRLearning is required to assess any information I provide to determine if a Recognition of Prior Learning process is available to me as a student to maximise the outcomes of my learning and assessment progress.

I understand that I pay a non-refundable deposit of \$500 as a part of my course fees.

By signing this form, I certify that the information provided is true and correct and provide consent for this information to be used by the parties listed above. I further certify that I have read the student handbook and been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided.

Students name: _____ Date: _____

Signature: _____

Emergency Contact details: (Can be relative, next of kin or work colleague)

Name: _____ Relationship to you: _____

Phone: _____

Payment Options: How do you wish to pay for your training? _____

Payment options details can be located on the next page.

Payment Authorisation:

Invoice Number: _____ If invoice number unknown, please complete below:

Company name: _____

Student name/s: _____

Postal address: _____
{ PO Box or Street no., Street, Suburb, State, Postcode }

Invoice details - Please complete this section if the invoice is going to a company:

Company Phone: _____ Purchase order (if required): _____

Company Contact Name: _____

Company Contact Email: _____


Pathway & Course Fee: _____

Preferred Payment Option:

☐ Direct Deposit - Account Name: SPASA NSW - BSB: 032 062 - Acc: 201 955
Westpac Banking Corporation
{ Please quote invoice no. or surname as a reference. }

☐ Direct Debit - See form attached

☐ Credit Card - Complete form below

☐  ☐  Name on Card: _____

Expiry: / CVV:

Card No:

Signature: _____

Notes:

Send completed form to the attention of the Training Department:

Post: Unit 1/33 Daking Street, North Parramatta NSW 2151
Email: training@irlearning.com

Have a question?

Contact us: Toll free: 1800 802 482 or email: training@irlearning.com