



Enrolment and ChemCert Accreditation Card Application Form

Please print clearly (in block letters) your details below or the boxes

Your ChemCert Card and Statement of Attainment will be posted to the name and address as printed below.

Course Code: _____ ChemCert Accreditation ChemCert Reaccreditation

If reaccrediting provide your existing accreditation number: _____

Surname: _____ First name: _____

Middle name: _____ Company name (if applicable): _____

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

Postal Address: (if different from above) _____

Town: _____ State: _____ Postcode: _____

Date of Birth: ____/____/____ Gender: Male Female
Day / Month / Year

Where were you born? Australia Other: _____

Are you? Australian citizen Australian permanent resident Other (Visitors, working visa, etc)

Are you Aboriginal or Torres Strait Islander? No Aboriginal Torres Strait Islander

What language do you speak at home? English Other: _____

How well do you speak english? Very well Well Not well Not at all

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If "Yes" to above question, please indicate the areas which apply:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Other (Please Specify): _____ |

Employment: What is your current employment status?

- | | |
|---|--|
| <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 |

Please Turn Over

Education: What is your highest completed school level? (tick one box)

- Completed year 12 Completed year 11 Completed year 10 Completed year 9
 Completed year 8 Still Attending Never attended Year Completed: _____

Qualifications: Have you successfully completed any of the following qualifications?

- Bachelor Degree or Higher Certificate III
 Advanced Diploma or Associate Degree Certificate II
 Diploma (or Associate Diploma) Certificate I
 Certificate IV (or Advanced Certificate / Technician) Certificates other than the above: _____

Industry Group: Please tick any industry group/s which apply to you.

- Bush Regeneration Env. Management Landscape/Urban Contractor Nursery
 Cotton Forestry/Logging LHPA/CMA Pigs/Dairy/Poultry
 Council/Utilities Fruit Livestock Spray Contractors
 Crops Grass/Turf Market Garden Vegetables Other (Please Specify): _____
 Cut Flowers Horticulture Nat. Parks and Wildlife Viticulture _____

Study Reason: What is your main reason for undertaking this course?

- To get a job It was a requirement of my job
 To develop my existing business I wanted extra skills for my job
 To start my own business To get into another course of study
 To try for a different career For personal interest or self-development
 To get a better job or promotion Other reasons _____

Enrolment Form Declaration

Thank you for enrolling in a ChemCert Accreditation Course with ChemCert Training Group Pty Ltd, NTIS 90855 (CTG).

Please read the following, if you have any questions please ask your Trainer / Assessor or contact CTG.

- Information that I have provided as part of the Enrolment and ChemCert Accreditation Card Application Form is part of my agreement with CTG for undertaking this course. The information on this form will be provided, stored and used by ChemCert to update their records and issue me with my ChemCert Accreditation Card. I understand the information provided will remain private and confidential except as required by law or set out below.
- Any information I provide may be used and stored by CTG together with my course assessment material. This information may be provided to State and Federal agencies, including the New South Wales (NSW) Department of Education and Training (DET), the NSW Vocational Education and Training Accreditation Board (VETAB), the NSW Department of Environment, Climate Change and Water (DECCW) and ChemCert.
- DET, VETAB, DECCW and ChemCert may also access my training file for audit purposes as well as to review the training and assessing methods and standards of CTG.
- DET, VETAB, DECCW and ChemCert may use any information that is provided to them for their own research purposes, for statistical analysis, undertake evaluations of the training course, to contact you, conduct post-course follow up surveys and for their own internal management purposes, as well as reviewing the contract between CTG and DET, VETAB, DECCW and ChemCert.
- I accept full responsibility for any injury to myself, or for loss or damage to any personal property as a result of participating in the above course. **I warrant that I am physically and mentally fit enough to undertake the training and assessment activity.**
- Information that may be given in a course does not constitute 'advice'. CTG accepts no responsibility for the information given and students should seek independent advice from a professional before acting on any information given.
- I understand that I have a maximum of **21 days from the end of the course to submit all my assessment material to my Trainer / Assessor**, and if I do not, I will be assessed as Not Yet Competent and will have to complete another course.
- I acknowledge that no one is allowed to be **under the influence of non-prescription drugs or alcohol during a course** and anyone found to be under the influence of non-prescription drugs or alcohol will be asked to leave the course.

My signature indicates that I have been made aware of the enrolment policies and conditions as outlined above and described in full in the "Student Handbook" which is available at www.ChemCert.com.au. I agree to abide by these training policies and conditions.

I confirm that the information contained in the Enrolment and ChemCert Accreditation Card Application Form is true and correct.

Signed: _____

Date: _____