



Acrobat Reader Software Announcement

If you have any problems when filling out the Student Enrolment Form you must do the following two steps:

Firstly, uninstall Acrobat Reader Software with Acrobat Reader Cleaner Tool.
After that, install a new Acrobat Reader Software in your computer.

Step 1: [Acrobat Reader Cleaner Tools Link](https://labs.adobe.com/downloads/acrobatcleaner.html)

<https://labs.adobe.com/downloads/acrobatcleaner.html>

Step 2: [Download New Version Acrobat Reader.](https://get.adobe.com/reader/)

<https://get.adobe.com/reader/>

RTO Provider No. 22274

Security Training ~ First Aid ~ R.S.A ~ Training Assessment – Risk Management

HEAD OFFICE: Suite 15, 11 - 17 Pearcedale Parade Broadmeadows Vic 3047

Student Enrolment / RPL Form

Please use CAPITAL LETTERS

1. PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms/Dr etc.

Full Name (Given Names + Surname or Family Name)

Sex (F or M)

Date of Birth (dd/mm/yyyy)

Postal Address (Number/Street/PO Box etc.)

Suburb/City

Postcode (Format: XXXX)

Telephone Home (Format 03-0000-0000)

Mobile (Format: 0400-000-000)

Email Address

Checklist for Approval	Yes	No
Have you ever been convicted of any offence in Australia or Overseas? (not traffic charges)		
Have you ever been found guilty of any offence without conviction being recorded? (not traffic charges)		
Do you have any charges pending against you? (not traffic charges)		
Have you ever received a diversion at court? (not traffic matter)		
(If your answer is yes to any of the above questions, this may warrant a refusal of license by the Victorian Police, visit www.police.vic.gov.au for further information)		
Have you been living in Australia for over 12 months?		
I have read and understood all the above questions providing true answers		

AVETMISS Information Collection (R.T.O. Compliance Requirement)

RETURN COMPLETED FORM TO:

Technical Advanced Training, Suite 15 11 – 17 PEARCEDALE Parade, BROADMEADOWS VIC 3047 OR E: info@advancetraining.com.au

TEL: (03) 9309 0059 FAX: (03) 9309 7490

2. LANGUAGE AND CULTURAL DIVERSITY

Are you a Permanent Resident? YES NO

Country of birth?

Town / City of birth?

Are you an Overseas fee paying Student? YES NO

Do you speak a language other than English at home? YES NO

Please specify other language:

How well do you speak English? (Please tick one choice)

VERY WELL WELL NOT WELL NOT AT ALL

Are you Aboriginal or Torres Strait Islander Origin? (Please tick one choice)

NO YES, Aboriginal Yes, Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term condition? YES NO

(If YES, then please indicate the areas of disability, impairment or long term condition, you may indicate more than one option)

	Hearing / Deaf		Physical		Intellectual		Mental Illness
	Acquired Brain Impairment		Vision		Medical Condition	Other: (specify)	
			Hearing		Medication or treatment		

3. What is your HIGHEST COMPLETED school level? (tick one only)

	Completed Year 12 (VCE, form 6)		Completed Year 11 (form 5)
	Completed Year 10 (form 4)		Completed Year 9 or lower (form 3)

In what year did you complete that school level? (Format: YYYY)

Are you still attending secondary school? YES NO

Have you SUCCESSFULLY completed any of the following qualifications? YES NO

	Bachelor Degree or Higher		Advanced Diploma or Associate Degree
	Diploma or Associate Diploma		Cert. IV or Advanced Cert. / Technician
	Cert. III or Trade Cert.		Cert. II
	Cert. I		Certificates other than above

4. LIST YOUR CURRENT QUALIFICATIONS BELOW

Year Awarded	Name of Qualification	Qualification Level	Institute	State/Country

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5. **EMPLOYMENT**

Of the following categories, which best describes your current employment status? (Tick one box only)

Full Time Part Time Casual Self-Employed Unemployed – Seeking fulltime work

Of the following categories, which best describes your industry of employment? (Tick one box only)

A - Agriculture / Forestry / Fishing B - Mining C - Manufacturing D - Electricity, Gas, Water E - Construction

F - Wholesale Trade G - Retail Trade H - Accommodation I - Transport, Warehousing Food Services J - Information Media and communications

K - Financial / Insurance L – Rental / Real Estate M - Professional / Scientific Services N - Administrative / Support O - Public Administration and Safety

P - Education / Training Q - Health Care / Social Assistance R - Arts / Recreation S - Other Services

Of the following categories, which best describes your occupation? (Tick one box only)

1 - Manager 2 - Professionals 3 – Technician / Trade Workers 4 – Community and Personal Service Workers 5 – Clerical and Administrative Workers

6 – Sales Workers 7 – Machinery / Operators and Drivers 8 - Labourers 9 - Other

6. **STUDY REASON**

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only.)

To get a job
To develop my existing business
To start my own business
To try for a different career
To get a better job or promotion

It was a requirement of my job
I wanted extra skills for my job
To get into another course of study
For personal interest or self development
Other reasons

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

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7. UNIQUE STUDENT IDENTIFIER NUMBER- USI NUMBER

Do you have you a Unique Student Identifier Number? YES NO

Enter USI Number (USI):

From 1 January 2015, we Technical Advanced Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

If you would like us Technical Advanced Training to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

I **[Student Full Name]** authorise Technical Advanced Training to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

SIGNATURE :

DATE (dd/mm/yyyy):

8. Technical Advanced Training Forms Issued (Please tick appropriate boxes)

<input type="checkbox"/>	Enrolment Form	<input type="checkbox"/>	Course Materials & Work book	<input type="checkbox"/>	Trainee Information Kit
<input type="checkbox"/>	RPL application form	<input type="checkbox"/>	LL&N Assessment	<input type="checkbox"/>	Student Training Plan


9. COURSE FEES / GOVERNMENT FUNDING ELIGIBLE STUDENTS

Please indicate (**only**) one Course for which you wish to enroll. All Course Fees include Student Workbook

* Health Care Card (HCC) / Pension Concession Card (PCC)

** Non Health Care Card (Non HCC)

Government Funded students are required to pay 100% of the enrolment fee.

Government / Unders students are required to pay 100% of the enrollment fee.											Please Circle which class			
	Course Code								Course Title	Day Class		Evening Class		
										*HCC / PCC	**Non HCC	*HCC / PCC	**Non HCC	
	C	P	P	2	0	2	1	8	Certificate II in Security Operations (Crowd Control / Unarmed Guard / Control Room)	\$50.00	\$250.00	\$50.00	\$250.00	
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Screening / Baton & Handcuffs)	\$80.00	\$400.00	\$80.00	\$400.00	
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Baton & Handcuffs / Cash in Transit / Armed Guard)	\$80.00	\$400.00	\$80.00	\$400.00	
	C	P	P	4	0	7	1	9	Certificate IV in Security Management	N/A	N/A	\$160	\$800	

INCLUSIVE ENROLMENT / APPLICATION FEE (Non Concession Card)

\$250 \$400 \$800

INCLUSIVE ENROLMENT / APPLICATION FEE (Concession Card)

\$50 \$80 \$160

Write the course start date you wish to enroll (dd/mm/yyyy)

DAY EVENING

Payment Details Tick 

Cash Eftpos Credit Card Master or Visa Only (Complete below) Cheque (Payable to: Technical Advanced Training)

Card Holder's Name:

Card Expiry Date (mm/yy)

Card Number:

/ /

CCV #:

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10.

COURSE DETAILS / FEE FOR SERVICE including Enrolment FeePlease indicate (**only**) one Course for which you wish to enroll. All Course Fees include Student Workbook

										Please circle preferred class		
Tick ✓	Course Code								Course Title	Day Class	Evening Class	RPL Only
	C	P	P	2	0	2	1	8	Certificate II in Security Operations (Crowd Control / Unarmed Guard / Control Room)	\$1200.00	\$1500.00	\$1000.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Core Units Only) (6 elective units required for a Certificate III qualification)	\$800.00	\$800.00	
	C	P	P	2	0	2	1	8	Certificate II in Security Operations (Control Room Operator) (If your CPP20218 Certificate II in Security Operation qualification is less than 12 months old)	\$450.00		
									Security Industry Firearms Instructor (SIFI) Course	\$1600.00		
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Screening / Baton & Handcuffs)	\$2200.00	\$2200.00	\$2200.00
	C	P	P	3	1	3	1	8	Certificate III in Security Operations (Baton & Handcuffs / C.I.T / Armed Guard) (If you hold a current qualification in Certificate II in Security Operations)	\$2250.00	\$2250.00	\$2100.00
	C	P	P	4	0	7	1	9	Certificate IV in Security Management	N/A	\$3000.00	\$1800.00
	A	V	I	2	0	1	1	8	AVI20118 Certificate II in Transport Security Protection (Air Cargo Examination Screening)	\$900.00		\$800.00
	A	V	I	2	0	1	1	8	AVI20118 Certificate II in Transport Security Protection (Air Cargo/ Domestic & International Airport and Maritime Screening)	\$1750.00		\$1500.00

Stand alone unit/s of Competency or Short Courses (Non-Accredited) ONLY

Tick ✓	Unit of Competency										Unit Title	Day Class	Evening Class	RPL Only
	H	L	T	A	I	D	0	0	9		Provide CPR	\$100.00		N/A
	H	L	T	A	I	D	0	1	1		Provide First Aid	\$200.00		N/A
	C	P	P	S	E	C	3	1	2	7	Conduct security screening using x-ray equipment	\$700.00	\$700.00	\$600.00
	C	P	P	S	E	C	3	1	2	8	Conduct security screening using walk-through metal detection equipment			
	C	P	P	S	E	C	3	1	2	9	Conduct security screening using explosive trace detection equipment			
	C	P	P	S	E	C	3	1	3	0	Conduct security screening using hand-held metal detectors			
	C	P	P	S	E	C	2	1	0	8	Screen people, personal effects and items to maintain security			
	C	P	P	S	E	C	3	1	1	0	Control persons using baton	\$350.00	\$450.00	\$250.00
	C	P	P	S	E	C	3	1	1	1	Control persons using handcuffs			
	C	P	P	S	E	C	3	1	1	8	Inspect and test cash-in-transit security equipment and rectify faults	\$300.00	\$350.00	\$200.00
	C	P	P	S	E	C	3	1	1	9	Implement cash-in-transit security procedures			
	C	P	P	S	E	C	3	1	2	0	Load and unload cash-in-transit in an unsecured environment			
	C	P	P	S	E	C	3	1	1	4	Control security risk situations using firearms	\$200.00		
	C	P	P	S	E	C	3	1	1	5	Carry, operate and maintain revolvers for security purposes	\$400.00		
	C	P	P	S	E	C	3	1	1	6	Carry, operate and maintain semi-automatic for security purposes	\$400.00		
Annual Firearms Re-Qualification for Revolver or Semi-Automatic														
	C	P	P	S	E	C	3	1	1	5	Carry, operate and maintain revolvers for security purposes	\$400.00		
	C	P	P	S	E	C	3	1	1	6	Carry, operate and maintain semi-automatic for security purposes	\$400.00		
Annual Firearms Re-Qualification for Revolver and Semi-Automatic														
	C	P	P	S	E	C	3	1	1	5	Carry, operate and maintain revolvers for security purposes	\$600.00		
	C	P	P	S	E	C	3	1	1	6	Carry, operate and maintain semi-automatic for security purposes			

A minimum payment of \$250.00 is required if course fee is >> \$250.00

DAY

EVENING

Write the course start date you wish to enroll into (dd/mm/yyyy)

Payment Details Tick ✓

Cash

Eftpos

Credit Card Master or Visa Only(Complete below)

Cheque (Payable to: **Technical Advanced Training**)

Card Holder's Name:

Card Expiry Date (mm/yy):

Card Number:

CCV #:

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11. EMERGENCY CONTACT DETAILS

Title : Mr / Mrs / Miss / Ms / Dr etc.

Full Name:

Phone Number #1

Phone Number #2

(Format: 0400-000-000)

(Format: 0400-000-000)

Relationship to Student:

Address:

Does this nominated person speak a language other than English? Yes No

If yes, what is the main language spoken at home?

12. STUDENT PRIVACY AND CONSENT NOTICE

Under the Data Provision Requirements 2012, Technical Advanced Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Technical Advanced Training for statistical, regulatory and research purposes. Technical Advanced Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

STUDENT DECLARATION AND CONSENT - *Parental/guardian consent is required for all students under the age of 18.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE DATE (dd/mm/yyyy)

PARENT/GUARDIAN SIGNATURE DATE (dd/mm/yyyy)

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13. **SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM**

SECTION A – EVIDENCE OF CITIZENSHIP / RESIDENCY

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK

I confirm that for:

(Student's full name)

I have **SIGHTED one** of the following:

Australian Birth Certificate (not Birth Extract)

Current New Zealand Passport

Current green Medicare Card

New Zealand Birth Certificate

Current Australian Passport

Australian Citizenship Certificate

Australian Certificate of Registration by Descent

New Zealand Citizenship Certificate

A proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility

Confirmation via the VISA Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard

Confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.

By EITHER:

viewing an original; OR

viewing a certified copy; OR

verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Eligibility Guidelines]; OR

viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; OR

relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility] OR

verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility]

And I have retained **ONE** of the following:

a copy of the original or certified copy; OR the certified copy; OR

evidence as set out in Clause 2.5(c) of the Eligibility Guidelines [where verified through the DVS]; OR

declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility]; OR

evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; OR

Declaration of sighting a document where a student has objected to their document being retained. [as set out in clause 2.6 of the Guidelines About Eligibility.]

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SECTION B1 - STUDENT DECLARATION

TO BE COMPLETED BY THE STUDENT - **DON'T LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DON'T UNDERSTAND A QUESTION.**

Q1. Write the name of the course/s you're applying for (eg.CPP20218 Certificate II in Security Operations)

Q2. Are you doing, or have you done any other Skills First training in 2024 ? Tick your response.

No

Yes - write the course name(s) below. Include training you haven't started yet.

Q3. Are you enrolled in a school, include government, non-government, independent, Catholic or home school?

No

Yes

Q4. Are you enrolled in the Commonwealth Government's Skills for Education and Employment Program?

No

Yes

Student declaration - read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may effect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the inforamtion in this form is true and accurate.

Name: _____

Signature: _____

Date: _____

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SECTION C – TRAINING PROVIDER DECLARATION

To be completed by the training provider - **do not leave any sections blank**

Program(s) the student is seeking to enrol in (include program code and name):

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the `notes` section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they;

are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;

are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);

will not be:

- commencing more than 2 Skills First AQF qualifications in the same year
- commencing more than 2 Skills First Sets in the same year
- doing more than 2 Skills First programs at the same time; and

Authorised Training Provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

Name: Position:

Signed: Date: (dd/mm/yyyy)

Notes

Record additional details or eligibility information, including information you used to verify student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A

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14. REFUND POLICY

ALL REFUNDS INCUR A \$150.00 administration fee for full fee paying students
NO REFUNDS FOR SKILLS FIRST ELIGIBLE STUDENTS.

All Refunds made to Technical Advanced Training will incur an administration fee of \$150 with any refunds to be sent in the form of a Company cheque. Our Refunds policy is subject to the following conditions below:

- If you advise TAT in writing **no less than 3 working days** prior to the commencement of your course we will provide a full refund minus the above administration fee.
- If you have enrolled and paid any course fee via our online service, the above points will apply to any refund request. You will need to apply for a refund in writing and the refund will be sent in the form of a Company cheque. This cheque will be addressed to the name and address listed on the enrolment form.
- Where students have been asked to leave the classroom and not rejoin for behavioural reasons the above refund policy will also apply.
- All units completed and paid for at the time of withdrawal will be recognised via a statement of attainment
- No payments nor refunds will be made to students from any government or third party funding.

NOTE: If TAT cancels a course, a full refund will be issued or you can transfer to another scheduled course.

I understand the refund policy and agree to the terms, and will supply the required request in writing.

Student Signature:

Date (dd/mm/yyyy)

TAT Staff Signature: Date (dd/mm/yyyy)

15. STUDENT ACCEPTANCE AGREEMENT

I declare that the information supplied in this declaration and all documentation supporting it are true and correct to the best of my knowledge.

I understand and agree to the following:

1. It is my responsibility to become familiar with TAT's policies and procedures. I am aware that TAT they are outlined in the student handbook and website.
2. I will advise TAT administration of any change to my address or contact details within 7 days.
3. I have read and understood the student selection and administration policy and procedure and the refund policy located on the TAT website and enrolment form and accept them in their entirety.
4. I agree that part of my course requirements I will participate in class activities, role plays and outside events as per class schedules.
5. I release and hold harmless the Academy, its CEO, staff and agencies in respect to any property loss or personal injury that I may sustain whilst participating in or resulting from attending the Academy or any activities related to my studies however caused.
6. I agree for TAT or its agents to take/utilise photographs/videos for public relations activities.
7. I state that the person witnessing this signature is not related to me in any way.
8. I have shown TAT representative a copy of my full vaccination (or exemption) evidence.

Student Signature:

Date
(dd/mm/yyyy)

TAT Staff Signature:

Date
(dd/mm/yyyy)

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16. PUBLIC LIABILITY WAIVER

Student Full Name:		Course Code:	
		(dd/mm/yyyy)	
		Date of Birth:	

I understand that I am enrolled in the above Course Code with Technical Advanced Training (T.A.T) that has physical activities that may include Self-defense, role plays, scenarios, activities and/or practical shooting.
I understand that I must not do any act or assist another person in doing any act that may put myself or any other person's health or welfare at risk of harm or danger.
Due to the nature of the physical activity or practical shooting I may be exposed to potential risks of injury.
If I wish to participate in these activities I must tick **YES** and sign the form below.

I understand that by ticking **YES** and signing this form T.A.T or staff or trainers or contractors or any venue owner, can not be held liable for any injury that I may sustain due to myself or another participants or any other persons accident, mistakes or negligence, which may result in an injury to myself or another person. This includes any form of pain and/or suffering.

Question 1

YES NO

Do you have any injuries or disabilities that you wish to declare?
If **YES**, please state in detail what those injuries or disabilities are:

If you do not wish to participate in any physical activities, that may include self defence, role plays, scenarios, activities and/or practical driving at your own risk YOU MUST TICK NO in Question (2) BELOW and then sign this form.
If you would like to participate in physical activities, that may include Self defence, role plays, scenarios, activities and/or practical driving tick **YES** and then sign this form.

Question 2

Yes I wish to participate No I do not wish to participate

By signing this form I agree not to hold T.A.T liable for any injury that I may sustain when participating in physical activities that may include self defence, role plays, scenarios, activities and/or practical driving.

(dd/mm/yyyy)

Student full name:		Signature:		Date:	
TAT Staff full name:		Signature:		Date:	

PLEASE CHECK EVERYTHING BEFORE SUBMITTING

Office Use Only

OFFICE USE ONLY	
PROCESSED BY (Staff Name)	
<div></div>	
SIGN	DATE
<div></div>	<div></div>

Office Use ONLY – ENROLMENT Checklist

Enrolment Officer to ensure they have collected certified copies of the following identifications:

- ☐ Drivers Licence or Learners Permit
- ☐ Green Medicare Card or Valid Passport
- ☐ Health Care Concession Card (if they have one)
- ☐ Pension Concession Card (if they have one)
- ☐ Security Licence (For Certificate III)

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Registered Training Organization Number: 22274
WORKPLACE TRAINING AND QUALIFICATIONS IN
 Security ~ Risk Management ~ First Aid ~ R.S.A ~ Childcare ~ Training & Assessment

SCHEDULE OF GOVERNMENT SUBSIDISED COURSE TUITION FEES – 2024

COURSE	Indicative Scheduled Hours	FUNDED CONCESSION CARD FEE	Indicative Funded Concession Fee per Scheduled Hr	FUNDED WITH ELIGIBILITY FEE	Indicative Funded Fee per Scheduled Hour	APPROX. VALUE OF GOVERNMENT CONTRIBUTION	FULL FEE	Indicative Full Fee per Scheduled Hour
CPP20218 Certificate II in Security Operations (Unarmed Guard/Crowd Control) Currency = Current	18*8=144	\$50	\$0.35	\$250	\$1.74	\$2,146.50	\$ 1200	\$8.33
CPP31318 Certificate III in Security Operations (Baton & Handcuffs / Screening) Currency = Current	19*8.5 = 161.5	\$80	\$0.50	\$400	\$2.48	\$2,500	\$2200	\$13.62
CPP31318 Certificate III in Security Operations (Baton & Handcuffs, Armed, Cash in Transit) Currency = Current	19*8.5 = 161.5	\$80	\$0.50	\$400	\$2.48	\$3,638.25	\$2250	\$13.93
CPP40719 Certificate IV in Security Management Currency = Current	24*4=96	\$160	\$0.31	\$800	\$1.56	\$3,253.50	\$3000	\$31.25
TAE40116 Certificate IV in Training and Assessment Currency = Current	21*4=84	\$160	\$1.90	\$800	\$9.52	\$2,227.50	\$3000	\$35.71
AVI20118 Certificate II in Transport Security Protection (Air Cargo Examination Screening) Currency = Current	8*8=64						\$ 900	\$14.06
AVI20118 Certificate II in Transport Security Protection (Air Cargo/ Domestic & International Airport and Maritime Screening) Currency = Current	8*13=104						\$ 1750	\$16.83
Victorian Recreational Boating Marine / Personal Watercraft Licence Training	4	N/A	N/A	N/A	N/A	N/A	\$130	\$32.5

ADDITIONAL FEES

Administration Fee	Refer to your selected Course and Refund Fee in your Student Information Handbook
Admin/Cancellation Fee	Refer to your selected Course and Refund Fee in your Student Information Handbook
Certificate Issue following Credit Transfers – Administration Fee	\$450
Certificate Reprinting	\$30 per sheet

The above qualifications are delivered face to face at Suite 15, 11 – 17 Pearcedale Parade BROADMEADOWS VIC 3047 AND / OR specify location:

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TECHNICAL ADVANCED TRAINING
 A.B.N. 16 025 532 981

Tel: (03) 9309 0059 **Fax:** (03) 9309 7490

SoF Version 1: 20230109

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