

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? _____

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

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 Food Services
 I - Transport, Warehousing
 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
 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

7. VICTORIAN STUDENT NUMBER - VSN

Enter your Victorian Student Number (VSN):

(No more questions if you provided your VSN)

Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009.
Most recent Victorian school attended:

and / or

Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations).

.....

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 OR
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8. UNIQUE STUDENT IDENTIFIER NUMBER- USI NUMBER

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

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/>.

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> [please also include Word version]

I [Student 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 :

Enter USI Number (USI):

9. 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

10. COURSE FEES / GOVERNMENT FUNDING ELIGIBLE STUDENTS including Enrolment Fee

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

*Health Care Card (HCC)

**Non Health Care Card (Non HCC)

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

Tick	Course Code								Course Title	Please Circle which class			
										Day Class		Evening Class	
										*HCC	**Non HCC	*HCC	**Non HCC
	C	P	P	2	0	2	1	2	Certificate II in Security Operations (Crowd Control / Unarmed Guard)	\$30.00	\$150.00	\$30.00	\$150.00
	C	P	P	3	0	4	1	1	Certificate III in Security Operations	\$30.00	\$150.00	\$30.00	\$150.00
	C	P	P	3	0	4	1	1	Certificate III in Security Operations (Control Room / Baton & Handcuffs / Screening) (If you hold a current qualification in Certificate II in Security Operations)	\$30.00	\$150.00	\$30.00	\$150.00
	C	P	P	3	0	4	1	1	Certificate III in Security Operations (Baton & Handcuffs / Cash in Transit / Armed Guard) (If you hold a current qualification in Certificate II in Security Operations)	\$30.00	\$150.00	\$30.00	\$150.00
	C	H	C	3	0	1	1	3	Certificate III in Early Childhood Education & Care	\$50	\$250	N/A	N/A
	C	H	C	5	0	1	1	3	Diploma in Early Childhood Education and Care	\$350	\$350	N/A	N/A
	T	A	E	4	0	1	1	6	Certificate IV in Training and Assessment	N/A	N/A	\$160	\$800

INCLUSIVE ENROLMENT/APPLICATION FEE (non-refundable SKILLS FIRST Eligibility Students).....

\$150

Concession Enrolment Fee (non-refundable SKILLS FIRST Eligibility Students).....

\$30 / \$50 / \$160

Write the course start date you wish to enroll.....

DAY

EVENING

Payment Details Tick

Cash Eftpos Credit Card (Complete below) Cheque

(Cheque to be made payable to: **Technical Advanced Training**)

Card Holder's Name:

Card Expiry Date:

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

CCV #:

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12. STUDENT PAYMENT PLAN

Technical Advanced Training follows the Fee Protection standard for AQTF providers:

- Limit the prepaid fees received
- Prior to commencement to course < \$1,000
- Ongoing students to <\$1,500
- (Note: student fees exposure should not exceed \$1,500 at any point)

I _____ would like to apply for a student loan with TAT (Security / Training) Pty Ltd T/AS Technical Advanced Training.

Please read carefully and sign the following:

I _____ agree from the day that I undertake study with the Technical Advanced Training, that I am fully liable for the full amount of the cost of the course. If for some reason I am unable to complete the course, I understand and agree that I will be liable for the outstanding balance.

Course Payment: (please tick)

Full Fee Student Government Funded

Please note: For Full Fee Students undertaking the CPP30411 Certificate III in Security Operations (BH/CIT/AG) or (CR/BH/Scr) Evening Course

Full Fee students are required to pay a \$150.00 deposit prior to the commencement of the course.

Below is an outlay of TAT's Payment Plan Agreement for the Certificate III in Security Operations (BH/CIT/AG) or (CR/BH/SCR) evening course. For example; full cost of \$2,100.00

All payments to be paid on the Monday of each week.

Deposit: \$ 150.00	Balance: \$1,950	Enrolment Date: Date: ___/___/___
1. Paid: \$300.00	Balance: \$1650.00	Date: ___/___/___
2. Paid: \$300.00	Balance: \$1350.00	Date: ___/___/___
3. Paid: \$300.00	Balance: \$1050.00	Date: ___/___/___
4. Paid: \$300.00	Balance: \$750.00	Date: ___/___/___
5. Paid: \$300.00	Balance: \$450.00	Date: ___/___/___
6. Paid: \$300.00	Balance: \$150.00	Date: ___/___/___
Final Payment: \$150.00	Balance: \$0.00	End of course week: Date: ___/___/___

Please note: For Full Fee Students undertaking the CPP30411 Certificate III in Security Operations (BH/CIT/AG) or (CR/BH/SCR) Evening Course

Full Fee students are required to pay a \$150.00 deposit prior to the commencement of the course.

Below is an outlay of TAT's Payment Plan Agreement for the Certificate III in Security Operations (BH/CIT/AG) day course, Full Cost \$1,700.00

All payments to be paid on the Monday of each week.

Deposit: \$ 150.00	Balance: \$1,550	Enrolment Date: Date: ___/___/___
1. Paid: \$450.00	Balance: \$1100.00	Date: ___/___/___
2. Paid: \$250.00	Balance: \$850.00	Date: ___/___/___
3. Paid: \$250.00	Balance: \$600.00	Date: ___/___/___
4. Paid: \$250.00	Balance: \$350.00	Date: ___/___/___
Final Payment: \$350.00	Balance: \$0.00	End of course week: Date: ___/___/___

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By signing the form I understand that:

- I will not receive my certificate until the course fee is paid in full.
- By signing this form, I agree to make all payments on my account on the stated dates.
(Any variation must be advised and agreed to by TAT Failure to do so will be treated as a default.)
- I take full responsibility for this debt from this day forth.

Signature: Date

Staff Witness: Signature Date:

Total Amount Due: \$ _____ Discount: Y / N Discount Reason: _____

Deposit Paid: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

First Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Second Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Third Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Fourth Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Fifth Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Sixth Instalment: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Final Invoice: \$ _____ Rec No # _____ RTOM # _____ Initials: _____ Date ____/____/20____
Payment Method Cash EFT MASTER CARD VISA

Paid in Full:

Notes: _____

BOOKED INTO CLASS LIST, CLASS #: _____

CONFIRMED IN: _____ DATE ____ / ____ / 20____

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13. EMERGENCY CONTACT DETAILS

Title: Family Name:.....

Given Names:

Phone Number #1

Phone Number #2.....

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? _____

14. STUDENT ENROLMENT PRIVACY NOTICE

I understand that:

Technical Advanced Training is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Technical Advanced Training to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For students eligible for VET Fee Help, the following privacy statement also applies:

Technical Advanced Training is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Technical Advanced Training will disclose this information to the Commonwealth Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE) for those purposes. DIISRTE will store the information securely in the Higher Education Information Management System. DIISRTE may disclose the information to the Australian Taxation Office. [Insert name of training provider] and DIISRTE will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact Advanced Technical Training Privacy Officer on phone (03) 9309 0059 or email info@advancedtraining.com.au

I acknowledge and agree to the terms described in this privacy statement:

Student signature:

Date:

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15. SKILLS FIRST DECLARATION

SKILLS FIRST PROGRAM EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to:
(Student's full name)

I have sighted: an original; or a certified copy; or I have verified through use of a document verification service (where it is possible to do so) one of the following:

- an Australian Birth Certificate (not Birth Extract)
- a current Australian Passport
- a current New Zealand Passport
- a naturalisation certificate
- a current green Medicare Card
- an Australian citizenship by descent extract
- a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines
- formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

AND I have retained:

- a copy of the original or certified copy, or
- the certified copy, or
- secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

AND if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth, I have also sighted and retained a copy of:

- a current drivers licence, or
- a current learner permit, or
- a Proof of Age card, or
- a 'Keypass' card

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.

Section B - To be completed by the student

Education history

Q1. The highest qualification I have completed is:
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+ (circle number)

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Section B - continued

Student Declaration

I, in seeking to enrol in
(Student's full name)

.....
(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program. (Circle appropriate responses)
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Skills First Program
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: Date:

Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Section 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

.....
(Include full title of qualification/s in which the student is seeking to enrol)

Authorised Training Provider delegate:

Name:

Position:

Signed: Date:

Notes Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C.

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16. REFUND POLICY

ALL REFUNDS INCUR A \$150.00 administration fee for full fee paying students
ALL REFUNDS INCUR A \$150.00 or \$30.00 administration fee for SKILLS FIRST Eligibility 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 online enrolment.
- 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 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.

Signature: Date

TAT Staff Witness: SignatureDate:

17. 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.

1. I understand and agree to the following:
2. 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.
3. I will advise TAT administration of any change to my address or contact details within 7 days.
4. 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.
5. I agree that part of my course requirements I will participate in class activities, role plays and outside events as per class schedules.
6. 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.
7. I agree for TAT or its agents to take/utilise photographs/videos for public relations activities.
8. I state that the person witnessing this signature is not related to me in any way.

Signature: Date

TAT Staff Witness: SignatureDate:

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18. LANGUAGE, LITERACY & NUMERACY ASSESSMENT WAIVER

The instructor advised me I may find it difficult at times during the course. I have also been advised that I will be supported throughout the course if I wish to continue.

NOTE: Many assessments require a 100% pass mark to receive a competent result.

- I am aware that proceeding with the course I will be responsible for paying the entire course fees as agreed.
- I wish to delay the start of my course till my language & literacy improves.
- Despite the advice of the instructor, I am confident that with hard work I will be able to pass the course.
- I do not wish to continue the course and will complete a refund application.

Signature: Date

TAT Staff Witness: Signature Date:

19. STUDENT IN CLASS AGREEMENT

I _____ of course number _____ am a student with Technical Advanced Training. I will be in attendance at the academy for the duration of the course/program from the ___/___/___ to ___/___/___.

The conditions for which I will agree upon are listed below and I understand that if I breach any condition whilst in training with TAT, I understand that I could be terminated from the course/program and required to leave the academy until further notice. I agree to the following, tick ✓ beside each term which states you understand that term.

- I will not smoke in the building (anywhere)
- I will not smoke in front of the building
- I will not gather around the entry of the building
- I will treat the toilets with respect so other tenants won't complain
- I will only use the toilet assigned to TAT
- I will not use bad language in the building or whilst on the course/program
- I will not engage in the taking of drugs/alcohol whilst in attendance at class
- I will not engage in the viewing of pornographic material on student computers
- I will not behave in a manner that would make another person complain
- I will not go onto any other floor apart from the ground
- I will treat all TAT staff, students and other tenants in the building with utmost respect
- I will complete my own work and not copy, cheat or anything else that would be deemed unfair for me to receive an accreditation from TAT
- I will wear closed toed shoes, full length pants and collared shirt. (no thongs, shorts, singlets or hats.)
- I will not mistreat TAT or disrespect the company, I will always remain honest whilst enrolled with TAT
- I understand that if I am 30 minutes or later (9AM) for class I will be sent home.
- Mobile Phones are to be switched off during class time.

I sign this document in the total understanding that non-compliance could see me removed from the course/program and I further understand that in some cases a report may be lodged with the Licensing Regulation Division or Taxi Services Commission.

Student Signature

Trainer Signature

Student Name (Print)

Trainer Name (Print)

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20. PUBLIC LIABILITY WAIVER

Name:		Course Code:	
Surname:		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 driving.
 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 driving 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:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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 defense, role plays, scenarios, activities and/or practical driving.

Your full name:		Signature:		Date:	
Witness full name:		Signature:		Date:	
Trainer's full name:		Signature:		Date:	

OFFICE USE PROCESSED <input type="text"/> DATE <input type="text"/>

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