

## Participant Enrolment Form (USE CAPITALS)

### Participant Details

Participant's Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ P'Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel No. \_\_\_\_\_ Relationship: \_\_\_\_\_

ID Verified by: (Record D/L or Passport # etc): \_\_\_\_\_

### Course Enrolment

91509 NSW – Course in NSW Owner Builder Compliance

TLIF2010A - Apply Fatigue Management Strategies (for Drivers)

TLIF3603A - Administer the implementation of Fatigue Management Strategies (for Managers and Schedulers)

BSBOHS509A – Ensure a safe workplace (Officer Obligations under the WHS Act)

BSBOHS301B - Apply Knowledge of OHS in the workplace(Worker/Manager Obligations under the WHS Act)

### Employment Status

Of the following categories, which BEST describes your current employment status?

- Full time Employee  Employed - unpaid family worker  
 Part time Employee  Employer

### Employer Details (if applicable)

Business Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin?  Yes  No

Were you born in Australia?  Yes  No

If no what was your Country of Birth: \_\_\_\_\_

Do you speak a language OTHER THAN English at home?  Yes  No

If YES, which language do you usually speak? \_\_\_\_\_

How well do you speak English?  Very Well  Well  Not Well  Not at All

Do you require any language, literacy or numeracy assistance?  Yes  No

## Education

What is your highest COMPLETED school level?

- Year 9 or lower       Year 10       Year 11       Year 12

In which YEAR did you complete that school level? \_\_\_\_\_

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate       Advanced/Technician Certificate  
 Other Certificate       Associate Diploma  
 Undergraduate Diploma       Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? \_\_\_\_\_

## Disability

Do you consider yourself to have a permanent disability?      Yes       No

If YES, tick ANY applicable boxes:

- Visual/Sight/Seeing       Intellectual   
Hearing       Chronic Illness   
Physical       Other

If you require assistance for a disability, please give details: \_\_\_\_\_

## Recognition of Prior Learning

Are you seeking Recognition of Prior Learning?      Yes       No

The information you have provided will remain private and confidential.

## Fees Policy (please read carefully)

**NOTE:** Traineeship clients do not attract fees; these are negotiated with your employer. Other participants should see Course Information for further details.

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook. My workplace supervisor has been provided with a AlertForce Student Handbook. This handbook is available as a download document on [www.alertforce.com.au/demos/handbook.pdf](http://www.alertforce.com.au/demos/handbook.pdf) website as required.

I give permission for AlertForce Pty Limited to discuss my training progress and results with my employer VETAB, Department of Education and other appropriate people as deemed necessary by AlertForce Pty Limited .

I give permission for AlertForce Pty Limited to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for AlertForce Pty Limited to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO: (02) 9012 0684 or email [service@alertforce.com.au](mailto:service@alertforce.com.au)**

# STATUTORY DECLARATION

(to be signed by a supervisor or witness)

1 *Insert the name of the supervisor or witness nominated by the student to monitor study and course progress. This includes full address and occupation of the person making the declaration*

I, <sup>1</sup>

make the following declaration under the *Statutory Declaration*

2 *The information provided is the declaration made by the nominated supervisor.*

<sup>2</sup>

- a. That the person whose name appears below is enrolled with the AlertForce to complete a course of study as indicated on the enrolment form.
- b. That the person whose name appears below has completed the theory component of the course of study.
- c. That all of the tasks contained within the online learning system have been attempted and completed by the person whose name appears below.
- d. That I, as the person's supervisor or witness monitored the completion of the tasks online and complete this declaration with the knowledge that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence.

I believe that the statements in this declaration are true in every particular.

3 *Signature of the supervisor making the declaration*

<sup>3</sup>

4 *Place*

5 *Day*

Declared at <sup>4</sup>

on <sup>5</sup>

of <sup>6</sup>

6 *Month and year*

Before me,

7 *Full name, and address of the student( in block letters)including their signature and date of declaration*

<sup>7</sup>

8 *Full name, title and address of person before whom the declaration is made (in printed block letters)*

<sup>8</sup>

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence.

*Note 2* False declarations will result in the cancellation of the statement of Attainment qualification and the provision of this information shall be given to the relevant Government Authorities.