

RTO NO. 41488

NOBLE TRAINING GROUP

SHORT COURSE GENERAL PROGRAM 2024-2025

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE SELECTED

|  |  |
| --- | --- |
| Proposed Schedule (subject to the needs of the student). | |
| BSBESB402 | Establish legal and risk management requirements of new business ventures |
| CPCWHS1001 | Prepare to work safely in the construction industry (White Card) |
| CPCCCM2012 | Work safely at heights |
| CPCCCM2010 | Work safely on scaffolding higher that two metres |

For all information regarding Civil construction short course program 2024-25 Refer to www.csq.org.au.

***PARTICIPANT ELIGIBILITY***

Eligible participants under this program:

(a) **must be:**

1. an Australian or New Zealand citizen; or

2. a permanent resident of Australia; or

3. a visa holder with relevant permission to work (included refugee or humanitarian visa)

(b) **and must:**

1. An eligible worker: employed in Queensland within the Building & Construction Industry; or

2. Self-employed in Queensland

(c) **and must be:**

1. an existing worker; and

2. an eligible worker; or

3. an unemployed eligible worker (unemployed for a period not greater than 4 years who would otherwise meet the requirements of an Eligible Worker)

4. Workcover participants

(d) **and must not be:**

1**.** An employee of an Authority (employees of Local Councils are acceptable)

2. eligible under the CSQ Apprentice Advance+ Program; or

3. currently enrolled and participating in a school program; or

4. a contracted trainer and assessor or existing worker of an RTO; or

5. already funded by an Authority or other such source for delivery of the same training being undertaken as part of this program; or

6. previously been funded under this program for five (5) short courses in the same program contract period.

**I have attached copies of documentation required below to support my enrolment; One (1) of the following:**

* full birth certificate or birth certificate extract
* passport (up to 6 months from expiry,) or
* current medicare card (green only), or
* visa

**AND**

**one (1) of the following:**

* Queensland drivers licence
* telephone account
* bank statement
* statement from real estate agent, or
* any other formal documentation stating the participant’s full name and current residential address:

**And**

* Evidence of employment status and occupation (e.g letter from employer). Letter from the employer must show the employer’s name, job title of Employee, length of service, details of duties being undertaken in the Building and Construction Industry, or
* Current payslip, or
* Separation certificate

I declare that I have not previously been funded for CSQ General Short Course

Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tick region selected**

Central,

Darling Downs - Toowoomba,

Greater Brisbane,

South West

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Noble Training Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrolment Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | First Name: | | | | | |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: |  | | | | | | | | | | Post Code: | | | | | |  | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | Date of Birth: | | | | | |  | | | | | | | | | | | |
| Mobile: |  | | | | | | | | | | Email Address: | | | | | |  | | | | | | | | | | | |
| Gender: | Male | | | | Female | | | | | | Country of Birth: | | | | | |  | | | | | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander origin? | | | | | | | | | | | Yes, Aboriginal | | | | | | | | | Yes, Torres Strait Islander | | | | | | | | |
| What language do you mainly speak at home? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Please circle- Australian Citizen/ Permanent Resident | | | | | | | | | | | Please state other visa : | | | | | | | | | | | | | | | | | |
| How well do you speak English? | | | | | | | | | | | Very Well | | | | | Well | | | | | Not Well | | | | | | Not  At All | |
| Course: |  | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| USI: |  | | | | | | | | | | USI verified date: | | | | |  | | | | | Verified by: | | | | | |  | |
| EMPLOYER (if relevant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: |  | | | | | | | | | | Post Code: | | | | | |  | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | Email: | | | | | |  | | | | | | | | | | | |
| **STATISTICAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This information is used for statistical purposes only. Please state, circle or highlight.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you still attending secondary schooling? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name of School you are attending: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| What is your highest completed school level? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| In what year did you complete that school level? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Since leaving school have you completed any qualifications? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Qualification Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Current Employment Status: | | | | | | | Full-  time | | Part-  time | | | | | Self em  ployed | | | Em  ployer | | | | | Unpaid family | | | | Unem  ployed | | |
| Do you consider yourself to have a permanent and significant disability? Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visual /  Sight | | | | Intellectual | | | | Hearing | | | | | Chronicle  Illness | | | | | Physical | | | | | Other (specify below) | | | | | |
| If other disability please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of concession: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a current concession card? Yes / NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have ticked yes, please indicate below by circling: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health care card Pensioner concession card job seekers concession card veterans gold card | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which region are you completing your course | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gold coast greater Brisbane sunshine coast darling downs | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment method | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct deposit  Account name: noble training group  Bsb: 124038  Account number:21907263 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment terms | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All invoices for student contribution fees must be paid within 14 days of being received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Withdrawals and refunds | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refund policy  The policy of the organization is at all times to be fair and equitable to registered students. Application for refunds can be made to the director or ceo of the organization.  Refunds must be requested in writing 7 days prior to withdrawal. Withdrawal request must be made on the withdrawal request form. This must be signed by the student and where applicable, referring third party. Units will be refunded on a unit by unit basis for all non commenced units. Refunds will be processed via electronic funds transfer 7 days after the request has been received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of the following categories, which BEST describes your main reason for undertaking this course? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | Please specify other reasons: | | | | | | | | | | | | | | | | | | | | | | |
| For all of the following information please refer to our participant handbook on the website www.nobletraining.com.au: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Nationally Recognised Training Offered * Our Service Commitment * Access and Equity Policy * Expectations of Participants * Participant Support * Fees, Payment Plans and Refund Policy * Competency Based Training and Assessment * Credit Transfer * Recognition of Prior Learning | | | | | | | | | | | | * Access to Participant Records * Release of contact details and information * Change of Personal Details * Complaints and Appeals * Results * Reissuance of Certificate/Statement of Attainments * Course Evaluation * Relevant Legislation * Course duration | | | | | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have read the Participant Handbook and agree to the conditions** | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** |
| **I give noble training the authority to create my usi where required** | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** |
| **I declare that I will be paying the co contribution fee for the course that I am enrolled in.** | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** |
| **I declare that I give permission for Noble Training Group to disclose my contact details to ASQA if requested for quality assurance purposes.** | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** |
| **I declare that the information above is true and correct.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | Date: | | | | | | | | | | | | | | | | |
| ❑ A certified copy of Photo ID has been provided or the original sighted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NB: Proof of ID is required. Enrolments must provide certified (by Justice of the Peace) copy of Photo ID if original is not sighted. Certificates will only be issued when acceptable certified ID is provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |