an



RTO NO. 41488

NOBLE TRAINING GROUP

CIVIL AND GENERAL CONSTRUCTION SHORT COURSE PROGRAM 2024-2025

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

COURSE SELECTED

|  |  |
| --- | --- |
| Proposed Schedule (subject to the needs of the student). | |
| SHORT COURSE CIVIL | |
| RIIHAN301E | Operate elevating work platform |
| RIIHAN308F | Load and unload plant |
| RIIHAN309F | Conduct telescopic materials handler operations |
| RIIHAN311F | Conduct operations with integrated tool carrier |
| RIIMPO316E | Conduct self-propelled compactor operation |
| RIIMPO317F | Conduct roller operations |
| RIIMPO318F | Conduct civil construction skid steer loader operations |
| RIIMPO319E | Conduct backhoe/loader operations |
| RIIMPO320F | Conduct civil construction excavator operations |
| RIIMPO321F | Conduct civil construction wheeled front end loader operations |
| RIIMPO323E | Conduct civil construction dozer operations |
| RIIMPO324F | Conduct civil construction grader operations |
| RIIMPO326E | Conduct water vehicle operations |
| RIIMPO337E | Conduct articulated haul truck operations |
| RIIMPO338E | Conduct rigid haul truck operations |
| RIIWHS202E | Enter and work in confined spaces |
| RIIWHS204E | Work safely at heights |

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 permanent resident of Australia

2. A visa holder with relevant permission to work

*N.B. This does not include International Student Visas*

(b) **and must:**

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

2. Self-employed in Building & Construction Industry

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

4. An active apprentice or trainee, registered in Queensland, undertaking an apprenticeship or traineeship as per the CSQ approved listing.

5. An employed cancelled apprentice or trainee who was undertaking a CSQ approved apprenticeship or traineeship

6. Workcover participants

*\*Interstate licence are not acceptable*

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

1**.** An employee of an Authority

*\*NB – a current exemption applies to Employees of Local Councils only if they are undertaking duties for building and construction work which would meet the eligible worker criteria.*

2. Currently enrolled and participating in a school program

3. Contracted as a trainer and assessor or existing worker of an RTO; or

4. Already funded by an Authority or other such source for delivery of the same training being undertaken as part of the relevant program; or

5. undertaking more than 8 units of Competency in the Short Course Program including no more than 3 HRW Licences and no more than 3 MPO units

6. Participant seeking a verification of competency

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

* Australian and New Zealand full birth certificate or birth certificate extract
* Australian and New Zealand passport (up to 6 months from expiry,) or
* Green Medicare card (current), or
* Visa with conditions including right to work in the Queensland building and construction industry

**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**

* Employer letter (on letter head, dated and signed by the employer) confirming the participant has the right to work in the Queensland building and Construction industry OR
* QLeave Statement Building and Construction Member (current statement showing credits within last 4 years) OR

Relevant current Licence (as per listing) \* OR

ABN/CAN registration showing ownership and Invoices for recent work in the industry. OR

Invoices for recent work in the industry. OR

Statutory Declaration providing details or employment including role and duties within the Building and Construction Industry

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

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

**Tick region selected**

Central,

Darling Downs - Toowoomba,

Gold coast

Mackay whitsundays

Wide bay

Greater Brisbane,

South West

A picture containing text

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |