

STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

Enrolment Form

Information contained in this document is utilised in accordance with Aerodrome Management Services (AMS) Privacy Policy

Please complete the following form in full and return.

If you have any questions please contact our training staff at:
training@amsaustralia.com or +61 8 9221 6777

visit our website at : www.amsaustralia.com

Post: PO Box 6127, East Perth, WA, 6892

Email: training@amsaustralia.com

Fax: +61 8 9221 6776

Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Legal Surname:					
Legal Given Names:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		
Date of Birth					

Section 2 – Identification

Have you completed a Course with AMS previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Previous Course Name		
Unique Student Identifier (USI)		
AMS is required by law to verify your Unique Student Identifier (USI) before we can issue certification.		
Do you have a USI?	<input type="checkbox"/> Yes	Your USI No.
<p>If you do not yet have a USI, obtain a USI, visit www.usi.gov.au. Note you will need a form of ID available to you, ID includes:</p> <ul style="list-style-type: none"> • Driver's Licence • Medicare Card • Australian Passport • Non-Australian Passport (with Australian Visa) for international students • Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient • Certificate Of Registration By Descent • Citizenship Certificate • ImmiCard 		
Provide at least ONE form of ID (e.g. Driver's License) (Training Staff will need to sight your ID)		
ID Type:		
ID #:		

Section 3 –Course Details

I wish to enrol in the following course:			
Course Name:	<input type="checkbox"/> 4 Day ARO Course	<input type="checkbox"/> 2 day ARO Refresher	Other:
Commencement:	Date:		
	Location:	<input type="checkbox"/> Jandakot Perth Based Course	<input type="checkbox"/> Site Based Course

Section 4 – Contact Details			
Personal Contacts			
Phone: (Home)		Mobile:	
Email:			
Home Address:			
Address:			
Suburb:		State:	Postcode:
Mailing Address: (leave blank if same as above)			
Address:			
Suburb:		State:	Postcode:
Next of Kin :			
Name:		Relationship:	
Contact Tel :		Mobile No:	

Section 5 – Workplace Details			
Company Name:			
Address:			
Suburb:		State:	Postcode:
Email Address :			
Contact Person:		Work No:	
Employer copy of certificate:	<input type="checkbox"/> Please tick box if you do not wish a copy of your certificate be provided to your Employer who booked and paid for this training course.		

Section 6 – Marketing Feedback		
How did you hear about Aerodrome Management Services Pty Ltd?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage /	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> I am a Past Student <input type="checkbox"/> From a past student of AMS
	Other :	
How did you hear about this course?	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend
	Other :	

Section 6 - Payment			
Responsibility for Payment	<input type="checkbox"/> Client (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian	<input type="checkbox"/> Other: (Please identify)	
Invoice information:			
<ul style="list-style-type: none"> Invoices will be raised at the commencement of training Payment is expected within 30 days. Payment must be made prior to certificates being issued Cancellation fees may apply, refer to refund policy www.amsaustralia.com 			
Section 7 – Personal Information			
A. Indigenous Status (Please choose by placing an X in the boxes that apply to you)			
<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander
B. Employment Status (Please choose by placing an X in the boxes that apply to you)			
<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment
C. Disability Status (Please choose by placing an X in the boxes that apply to you)			
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to D.			
Disability, Impairment or Long-Term Condition:			
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Physical
<input type="checkbox"/>	Vision	<input type="checkbox"/>	Intellectual
<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>	Learning
<input type="checkbox"/>			Medical Condition
<input type="checkbox"/>			Mental Illness
<input type="checkbox"/>			Not Specified
<input type="checkbox"/> Other :			
Do you need any additional support?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify support required :			
D. Language and Literacy (Please choose by placing an X in the boxes that apply to you)			
Are you an Australian Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, what is your country of birth?			
Please State your Visa Classification (if applicable) – eg 572, 457 etc			
Is English your First Language?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, what language do you usually speak?			
How well do you speak English? (Please Note: to obtain a CASA Radio Licence you will be tested on your ability to understand oral English instructions and note these instructions back to the invigilator)		<input type="checkbox"/> Very Well <input type="checkbox"/> Well	<input type="checkbox"/> Minimal <input type="checkbox"/> Not at all

E. Education (Please choose by placing an X in the boxes that apply to you)			
What is your highest level of education COMPLETED?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Year / Month Completed :	/	School:	
F. Training (Please choose by placing an X in the boxes that apply to you)			
Have you completed any other courses / qualifications? (Specify Below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Diploma/Adv Diploma
<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Post Grad
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Masters/Doctorate
<input type="checkbox"/> Other :			
G. Reason for Study (Please choose by placing an X in the boxes that apply to you)			
Which of the following statements best describes your reason for enrolling in this course?	<input type="checkbox"/> Personal Interest <input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job <input type="checkbox"/> Other: (Please identify)		<input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To gain a qualification
Section 8 –Client Enrolment and Policy acceptance Declaration			
<p>I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Aerodrome Management Services Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.</p>			
I declare that I have read, understood and agree with the following:			Initial
All enrolments are provided with a Client Handbook and bookings are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.			
PRIVACY The primary purpose of collecting personal information that you supply on this form is to process your enrolment and Government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact Training Manager Aerodrome Management Services Pty Ltd.			
REFUND POLICY Clients who withdraw from a course prior to the commencement of the course may be entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit www.amsaustralia.com or contact us at training@amsaustralia.com .			
COLLECTION FEES By signing this Enrolment Form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.			
Client Name:			
Client Signature:		Date:	/ /