

Chamber of Commerce NT Enrolment and Statistical Information Form

This form must be completed for all Accredited Training Courses



Training Services

Title

Mr Mrs Ms Miss

Surname

Given name/s

Residential Address

Postcode

Postal Address

Postcode

Mobile Number

Date of Birth

Gender

Male

Female

E-mail

Emergency Contact

Person

Phone

Your Privacy:

The information requested by this form is being collected by Chamber of Commerce Northern Territory for the purpose of providing training and assessment services and reporting statistics. The Chamber will not disclose the information provided by you on this form to third parties except to other educational institutions, to government bodies, as required or authorised by law in accordance with our Privacy Policy which is available by contacting the Privacy Officer on (08) 982 8113.

Your Employer's Details

Employer

Telephone

Employer Fax

Employer E-mail

Course Details

Course Code & Name

Name of Facilitator

Given Name

Surname

Would you like a visit from one of our Training
Advisors?

Please note: For the purpose of statistical reporting requirements to Government :

In which country were you born? Australia

Other. Please specify _____

Are you of Aboriginal/Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

General

Language

Do you speak a language other than English at home?

No, English Only

Yes, Other (Please Specify)

How well do you speak English?

Very well Well

Not well Not at all

Do you have a disability, impairment or long term condition?

No Yes

Please specify:-

Vision Hearing

Acquired Brain Impairment Physical

Intellectual Learning

Medical Condition Mental Illness

Other- please describe

Schooling

Are you still attending Secondary School?

Yes No

What is the highest level that you completed?

Year 9 or equivalent Year 10

Year 8 or below Year 11

Did not go to school Year 12

In which YEAR did you complete that school level?

If Under 18 you are required to have your parent Guardian consent to undertake this course

(Parent/Guardian signature)

Have you successfully completed any of the following qualifications?

YES NO

If YES, please tick applicable boxes:

Batchelor Degree or Higher degree Advanced Diploma or or Associate degree

Diploma or Associate Diploma

Cert IV or Advanced Certificate

Cert III (OR Trade Certificate)

Cert II

Cert I

Other Certificate (other than listed) _____

Labour Force Status

Full Time Employee Employer

Part Time Employee Unemployed--seeking full time work

Self Employed--not employing others Unemployed--seeking part time work

Employed--unpaid family work Unemployed--not seeking work

Study reason (tick box that best describes your study reason)

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 another course of study

For personal interest or self development

Other reasons

Please specify _____

(Signature)

H/Training/Equal/workpractices/training management system/student administration/Enrolment & statistical info form

Confirmation and Payment Advice



Training Services

Thank you for choosing to enrol in a Chamber of Commerce NT training course.

To ensure that your training program charges are settled according to your wishes, please complete this form and return it to us with a completed enrolment form for each attendee. Please note that numbers are limited, so your quick action will secure your place in the course.

A confirmation of enrolment email with further details will be sent once the forms are returned and processed.

Course Details

Training Course _____

Attendees Names/s _____

Number of Attendees _____ Cost per person _____ Total Cost _____

Billing Details

Company: _____ Member No: _____

Postal Address _____

Contact Name: _____ Tel: _____ Fax: _____

Method of Payment

Purchase Order: Y/N

Number if required _____

Credit Card: Y/N

Please charge \$ _____ to my MasterCard/ Visa (please circle)

Card No: _____ Expiry: _____/_____

Name on Card: _____ Signature: _____

Electronic Transfers: Y/N

Branch: Commonwealth Bank, Darwin NT BSB: 06 5901 Account No: 10628504

Please email details of deposit (ie. Company name, invoice number, amount of payment, date of payment) to

accounts@chambernt.com.au

Signed: _____ Date: _____

Terms and Conditions

1. All cancellations must be notified in writing. Registration must be cancelled no less than seven (7) working days prior to the workshop to receive a full refund.
2. Registrations cancelled less than seven (7) working days prior to the workshop will be charged 50% of the course fee.
3. Failure to notify of non-attendance will result in the full fee being charged.
4. You may substitute another participant at any time prior to the workshop, should the nominated person be unable to attend.
5. Chamber of Commerce NT endeavours to run every workshop. However, we also reserve the right to cancel or postpone a workshop to an alternative date. All registered participants affected by such a cancellation will receive a refund or be offered the opportunity to transfer to the next available workshop.
6. Full payments required prior to attendance.

► **Darwin**
GPO Box 1825
Darwin NT 0801
PH: 08 8982 8100
FX: 08 8941 4297
Email:
reception@chambernt.com.au

(RTO 2379)