

Cert IV Programs Enrolment Form



Hello and thank you for your interest in our program. So we can assist you please answer the following questions. All information is PRIVATE & CONFIDENTIAL.

Student/Trainee Details

First Name: _____ Surname Name: _____ Date: _____

Student Postal Address: _____ Postcode: _____

Mobile: [] [] [] Email: [] [] [] [] [] [] @ [] [] [] [] [] []

Birthday: / / M: F: Employment Commencement Date: / /

Employer / Traineeship Details

Legal Entity Name: _____ ABN: _____

Trading As: _____

Business Type / Field: _____ Business Owner: _____

Workplace Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Workplace Phone: _____ Mobile: [] [] [] [] [] []

Fax: _____ Email: [] [] [] [] [] [] @ [] [] [] [] [] []

Workplace contact / supervisor (if different to business owner) _____ or as above

Workplace Phone: _____ Mobile: [] [] [] [] [] []

Fax: _____ Email: [] [] [] [] [] [] @ [] [] [] [] [] []

Do you consider yourself to have a disability; impairment or long-term conditions?
 Yes No if Yes _____

Country of Birth: _____
 Citizenship (Tick applicable box)
 Australian Citizen or Permanent Resident
 New Zealand Citizen
 Temporary Visa
 Other (specify) _____

Are you of Aboriginal or Torres Strait Islander Origin?
 Yes No If Yes please Identify _____

Do you speak a language other than English at Home? Yes No
 If Yes, identity language _____

What is your highest COMPLETED School level? _____
 What year did you COMPLETE that School level _____
 Have you COMPLETED any other QUALIFICATIONS Yes No
 If Yes, please identify: _____

Of the following categories, which best describes your main reason for undertaking this program:
 To develop my existing business
 To start my own business
 To improve my position at work
 For personal interest
 Self Development

NOTE: in supplying this information, the trainee is consenting to use of the information for research, statistical reporting and internal management purposes only

Registered Training Organisation: **NATIONAL COLLEGE OF BUSINESS**

Qualification: BSB40407 Certificate IV in Small Business Management
 BSB40807 Certificate IV in Frontline Management
 BSB40607 Certificate IV in Business Sales

Traineeship: Yes No **Faxed Eligibility to AAC:** Yes No **Date:** / /

I, _____ (Business Owner) confirm that the above information is true and correct, and authorize the NCB to fax the appropriate forms to the AAC on my behalf. I also acknowledge this information will not be disclosed to any other party.

Signed: _____ Date: _____

<p>Business Guru is:</p> <p>Application Form Completed <input type="checkbox"/></p> <p>Entry Level Payment Attached: <input type="checkbox"/> Chq / CC / EFT</p> <p>Friends Board Updated <input type="checkbox"/></p> <p>Enrolment Register Updated <input type="checkbox"/></p> <p>Wisenet & E Spot Updated <input type="checkbox"/></p> <p>HL Congratulations Done <input type="checkbox"/></p> <p>Campus: Brisbane / Gold Coast</p> <p>Program Date Starting: _____</p> <p>Finance: PIF / Finance / Ezypay / Barter</p> <p>Source: Referral from _____ / Call Queen / Event / Expo / Other</p>	<p>POPE is:</p> <p>Prepare Handwritten Envelope for Mail <input type="checkbox"/></p> <p>Personalized Letter, Date Sheet. Yellow Copy on File <input type="checkbox"/></p> <p>Confirm Pack to Business Owner with HL <input type="checkbox"/></p> <p>Confirm Pack to Participant with HL <input type="checkbox"/></p> <p>Update Course Registration List <input type="checkbox"/></p> <p>Tax Invoice & Finance Paperwork Prepared <input type="checkbox"/></p> <p>Send signed Confirmation Pack within 24 hrs <input type="checkbox"/></p> <p>Create New Participant File – Red Folder <input type="checkbox"/></p> <p>Check that Application Faxed to AAC <input type="checkbox"/></p> <p>SRTO paperwork received & faxed to AAC <input type="checkbox"/></p>
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