



MAXIS SOLUTIONS

208/3-9 Spring Street, CHATSWOOD NSW 2067
☎ 02 9410 1880 Registered Training Organisation: 91428



IN AGREEMENT WITH CAMDEN HAVEN COMMUNITY COLLEGE INC.
as the REGISTERED TRAINING ORGANISATION (RTO)

ENROLMENT FORM

Title Last Name

First Name

D.O.B. Female Male

Postal Address

..... Postcode

H/PhoneW/Phone

Mobile

Email

NOTE: Including your email address means we can contact you regarding this and other courses.

PLEASE FILL IN COURSE TITLES	FEE
TAA40104 Training and Assessment	
TOTAL	

PLEASE NOTE:
Courses run subject to
sufficient enrolment number

**If you would like to pay for your course by
Credit Card, please fill in your details in this box.
We will post your receipt to you.**

Card Holder's Name

Card Holder's Signature

Expiry Date

Card No _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

**Please note that payments must be made at least 7 days
before the course is due to begin.**

I accept full responsibility for any injury to myself, or for loss or damage to my personal property as a result of my participation in the above class. I warrant that I am physically and mentally fit enough to undertake my chosen activity. I understand the College and tutors will take all reasonable care and I am aware of the risks so far as they are reasonably foreseeable.

Information that may be given in a course does not constitute 'advice'. The college accepts no responsibility and students should seek independent advice from a professional before acting on any information given. Some courses may attract an admin fee

I understand this enrolment information.

SignatureDate

ADDITIONAL INFORMATION

(Optional; appreciated for statistical analysis)

How did you hear about our College?

- Brochure Newspaper
 Friend Other

In which country were you born?

Are you Aboriginal / Torres Strait Islander / Neither?

What language do you speak at home?.....

Which of the following best describes your current employment status?

- Full time Part time
 Employer Self employed
 Seeking full time Seek part time
 Not seeking Retired
 Care giver

What is your highest completed school level?

- Yr 9 or lower Yr 10
 Yr 11 Yr 12

In which year did you complete that school level?.....

Are you still attending secondary school? Yes No

Do you consider yourself to have a disability or impairment? Yes No

If yes, please indicate

- Hearing Physical
 Intellectual Learning
 Mental Illness Visual
 Acquired Brain Injury Chronic Illness
 Other

Have you successfully completed any of the following qualifications?

- Bach. Degree. or higher Adv.Deg./Ass. Deg.
 Dip. / Ass. Dip. Cert IV / Adv. Cert
 Cert III/Trade Cert. Cert II
 Cert I Other

How well do you speak English?

- Very Well Well
 Not well Not at all

PLEASE NOTE:

Students may be randomly selected to participate in surveys by the Board of Community Education (BACE) or by NCVET, who provide information on education in NSW. Our college is obliged to pass on student contact details to these bodies for the purposes of statistical analysis.

All information will be treated with the strictest confidence.