



STUDENT DETAILS *PLEASE ENSURE THAT YOU SIGN AND DATE WHERE INDICATED

Please PRINT your legal name IN BLOCK LETTERS exactly as it appears on your proof of identity documents

First Name																									
Middle Name																									
Surname																									
Otherwise known as (Name you prefer to be called)																									
Date Of Birth	day	month	19 year	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female																			
Postal Address																									
Suburb/Town																			Postcode						
Mobile Phone													Other Phone												
Email																									

1. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: – Please specify:		
2. Do you speak a language other than English at home?	<input type="checkbox"/> No – English Only (Go to Question 4)			
	<input type="checkbox"/> Yes – Please specify:			
3. How well do you speak English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
4. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes – Please select: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			
5. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please select from below:			
	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Hearing/Deaf
	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired Brain impairment	<input type="checkbox"/> Medical Condition	
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Other - Please specify:		
6. What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent		
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 8 or below		
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> I did not attend school		
7. In which year did you complete that school level?	Year:			
8. Are you still attending school?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. Have you SUCCESSFULLY completed any other qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes - indicate below			
	<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV (or advance certificate/Technician)		
	<input type="checkbox"/> Advance Diploma or Associate Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)		
	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other:
10. Of the following categories, which BEST describes your current employment status?				
	<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Employer
	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full time work		
	<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Not employed - not seeking employment		
11. Of the following categories, which BEST describes your main reason for undertaking this course?				
	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Try for a different career
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get into another course of study	
	<input type="checkbox"/> Personal interest	<input type="checkbox"/> Self development	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> Other:

Please select course option you are applying for:

- Full Program – Correspondence (hard copy self paced manuals/workplace projects)

****Please complete
payment details
section on next
page****

OR

- Individual unit(s) - Please tick below -

Only complete this section if
you are not undertaking the
full course. Full course units
are already set.

- BSBOHS401B - Contribute to the implementation of a systemic approach to managing OHS
 BSBOHS402B - Contribute to the implementation of the OHS consultation process
 BSBOHS403B - Identify hazards and assess OHS risks
 BSBOHS404B - Contribute to the implementation of strategies to control OHS risk
 BSBOHS405B - Contribute to the implementation of emergencies procedures
 BSBOHS408A - Assist with compliance with OHS and other relevant laws
 BSBOHS407B - Monitor a safe workplace
 BSBRSK401A - Identify risk and apply risk management processes
 BSBCMM401A - Make a presentation

*All students must provide Justice of The Peace signed copies of proof of identification

ENTRY REQUIREMENTS:

This is a nationally recognised qualification, which is designed for higher-level supervisors than line supervisors, OHS supervisors, union representatives or safety committee members, who are perhaps assistant safety officers/representatives, managers at both middle and senior management levels.

Candidates may enter the qualification through a number of entry points demonstrating potential to undertake vocational education and training at certificate level. Please indicate the entry pathway:

- I have achieved the BSB30707 Certificate III in Occupational Health and Safety or other relevant Certificate III qualification

OR

- I am providing evidence of competency in the majority of units required for the BSB30707 Certificate III in Occupational Health and Safety

OR

- I have extensive vocational experience in occupational health and safety roles.
Examples of indicative job roles for candidates seeking entry based upon their vocational experience include:

- Health and Safety Representative
- Health and Safety Committee Member
- Health and Safety Assistant.

OR

- In my employment history I have participated in a range of OHS information sessions, toolbox talks, OHS induction course etc.

This breadth of expertise would equate to the competencies required to undertake this qualification.

RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) is an assessment process that allows for recognition of competencies currently held, regardless of how, when or where the learning occurred. RPL assesses your prior learning to determine the extent to which you are currently competent against the competency requirements of a unit or a whole qualification / course.

Do you wish to apply for any RPL? Yes No

RPL Checklist

Documents that need to be submitted if applying for RPL:

Copy of current Resume/CV

Proof of Identity
e.g copy of Drivers licence or some other form of photo ID

Certified copies of all supporting documents

ASSESSMENTS

The assessment(s) for this course may consist of a selection of short answer questions, case study analysis, reports and workplace projects.

If undertaking the unit BSBCMM401A - Make a presentation you will be required to provide video evidence. **You will need to have access to a video camera** to meet the requirements of this unit.

PAYMENT DETAILS

Please indicate your preferred payment method:

Pre-paid - Referring Partner Organisation

(insert organisation name).....

Other:

Office Use only: Invoice number.....

IMPORTANT STUDENT INFORMATION

Please read all sections carefully

All sections of the enrolment are compulsory requirements and must be completed. Failure to supply the required information makes this enrolment process non-compliant and will be returned to you to complete correctly before a certificate will be produced.

STUDENT INFORMATION

1. The course materials refer to the current information but it is impossible to cover all potential aspects in an emergency situation. Allens Training and its partner organisation/instructor cannot accept any responsibility for any injury or damage that may occur as a result of this course and/or the information given.
2. Please indicate to the trainer if you have a disability or impairment that may impede your progress in this class. Please discuss your options with your instructor before the course to ensure it will not impede your capacity to complete the activities and assessments required to gain the qualification or to ensure we can make adjustments to the program to enable you to complete the course requirements.
3. If you are aware of any cultural matters that may impact on your ability to complete this course, please indicate this to your trainer before the course.
4. Allens Training is collecting the personal information requested on this form for the purpose of conducting training courses. We will use the personal information supplied on this form for that purpose only. This information will be used solely by Allens Training for the purpose of an audit or reporting under AVETMISS requirements. No information will be given or sold to any organisation.

STUDENT DECLARATION

I,

have read the enrolment form and completed all required sections. If applying for RPL I have attached all required evidence as per the checklist. I also declare that I meet the entry requirement below (please select one)

Please select one option below that best describes your entry pathway

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> I have achieved the BSB30707 Certificate III in Occupational Health and Safety or other relevant Certificate III qualification | <input type="checkbox"/> I am providing evidence of competency in the majority of units required for the BSB30707 Certificate III in Occupational Health and Safety | <input type="checkbox"/> I have experience in occupational health and safety roles e.g Health & Safety Representative or Committee member | <input type="checkbox"/> In my employment history I have participated in OHS information sessions, toolbox talks or induction courses |
|---|---|---|---|

I have attached Proof of identity document signed by a Justice of the Peace

Date:

Student to Sign

