

ENROLMENT FORM: WATTO TRAINING

MR MS MRS MISS OTHER:

Full Name:

Preferred Name: (if different from above):

Date of Birth:

LICENCE #:

LICENCE EXPIRY DATE:

Home ph:

Work ph:

Mobile:

Email:

Website (if relevant):

Your Address:

Town/suburb:

Post code:

Your Sex: MALE FEMALE

Your country of birth:

Your city/town of birth:

Your country of citizenship:

Australian citizenship status if not Australian? (eg student visa):

Q: Are you of Aboriginal Origin? YES NO

Q: Are you of Torres Strait Islander Origin? YES NO

Language Literacy and Numeracy (LLN)

Watto Training is committed to supporting all of its students in successfully completing their selected qualification/s. To assist you in this area can you please TICK the box below that best reflects your position regarding you LLN status:

<input type="checkbox"/> - I do not require any assistance with LLN for the course I am choosing to undertake.	<input type="checkbox"/> - I am unsure if my LLN standard is sufficient for the level of study I am undertaking. I will complete an LLN assessment for Watto Training to review.
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STUDENT: PLEASE COMPLETE THIS SECTION: (FOR GOVERNMENT STATISTICAL PURPOSES)

Q: What is your native language if not English?

Q: How well do you speak English? NOT AT ALL NOT WELL WELL VERY WELL

Q: Do you need English assistance? YES NO

STUDENT: PLEASE COMPLETE THIS SECTION: LABOUR FORCE STATUS (FOR GOVERNMENT STATISTICAL PURPOSES)

Q: Which of the following BEST describes your current employment status?

- Full time employee (01)
- Part time employee (02)
- Self Employed not employing others (03)
- Employer (04)
- Employed – unpaid worker in a family business (05)
- Unemployed – seeking full time work (06)
- Unemployed – seeking part time work (07)
- Not Employed – not seeking employment (08)

STUDENT: PLEASE COMPLETE THIS SECTION: SCHOOLING (FOR GOVERNMENT STATISTICAL PURPOSES)

Q: In which year did you complete high school?

Q: What is your highest COMPLETED school level? (tick one box)

- Year 12
- Year 11
- Year 10
- Year 9 or Equivalent
- Year 8 or Below
- Did not go to school

Unique Student Identifier (USI)

If you have a USI can you please write it clearly here:

If not, please go to www.usi.gov.au asap and acquire one, then forward it to us. We can't issue qualifications without a USI.

STUDENT: PLEASE COMPLETE THIS SECTION: MEDICAL CONDITIONS/DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? YES NO

If YES, please tick ANY applicable boxes.

- | | | | | | |
|-------------------|--------------------------|--------------------------------|--------------------------|------------------------|--------------------------|
| Hearing (11) | <input type="checkbox"/> | Learning (14) | <input type="checkbox"/> | Vision (17) | <input type="checkbox"/> |
| Physical (12) | <input type="checkbox"/> | Mental (15) | <input type="checkbox"/> | Medical Condition (18) | <input type="checkbox"/> |
| Intellectual (13) | <input type="checkbox"/> | Acquired Brain Impairment (16) | <input type="checkbox"/> | Other (19) | <input type="checkbox"/> |

STUDENT: PLEASE COMPLETE THIS SECTION

Emergency Contact Name: _____
Relationship: _____
Emergency Phone: _____

PRIOR EDUCATIONAL ACHIEVEMENTS (FOR GOVERNMENT STATISTICAL PURPOSES)

Have you successfully completed any of the following qualifications? If **YES**, please tick ANY applicable boxes.

- | | |
|---|---|
| <input type="checkbox"/> Bachelor or Higher Degree (008) | <input type="checkbox"/> Certificate III (514) |
| <input type="checkbox"/> Advanced or Associate Degree (410) | <input type="checkbox"/> Certificate II (521) |
| <input type="checkbox"/> Diploma (420) | <input type="checkbox"/> Certificate I (524) |
| <input type="checkbox"/> Certificate IV (511) | <input type="checkbox"/> Certificate other than the above (990) |

STUDY REASON: WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS TRAINING PROGRAM?

TICK ONE BOX ONLY (FOR GOVERNMENT STATISTICAL PURPOSES)

- | | |
|---|---|
| <input type="checkbox"/> 01. To get a job | <input type="checkbox"/> 06. It was a requirement of my job |
| <input type="checkbox"/> 02. To develop my existing business | <input type="checkbox"/> 07. I wanted some extra skills for my job |
| <input type="checkbox"/> 03. To start my own business | <input type="checkbox"/> 08. To get into another course of study |
| <input type="checkbox"/> 04. To try a different career | <input type="checkbox"/> 09. Other reason |
| <input type="checkbox"/> 05. To get a better job or promotion | <input type="checkbox"/> 10. For personal interest / self-development |

If you are on an account, please complete:

Agency/Employer: _____
Contact Name: _____
Phone: _____
Email: _____

STUDENT: PLEASE COMPLETE THIS SECTION:

I wish to enrol for the following course(s) / qualification(s)...(please write below)

STUDENT: PLEASE COMPLETE THIS SECTION.

How did you find out about our training services? (please tick)

- | | | |
|---|--|-------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sign on a truck | _____ |
| <input type="checkbox"/> Through a trainer | <input type="checkbox"/> Email/Website | _____ |
| <input type="checkbox"/> Through truck school | <input type="checkbox"/> Advertising (newspaper) | _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Phone enquiry | _____ |
| <input type="checkbox"/> Google | <input type="checkbox"/> Through EXTERNAL contractor | _____ |

Q: Would you like to be on Watto Training’s emailing list to receive news about our training services?

- No Yes

Q: Watto Training often takes photos and videos of assessment activities for collecting evidence of competency; however will **NOT** use your image in a public forum unless you give consent.

Do you give consent for Watto Training to use your image eg social media such as Watto Training – facebook/twitter?

- No Yes

Student – Please Initial: _____ **Date:** _____

STUDENT: PLEASE READ AND COMPLETE THIS SECTION.

Student's Declaration and Acknowledgement

All students whether undergoing training and assessment with Watto Training or an approved Third Party please note:

- Watto Training is responsible for compliance for training and assessment
- Watto Training is responsible for issuance of AQF certification documentation
- Watto Training shall ensure that any third party delivering services on its behalf is required under written agreement to cooperate with the VET regulator (ASQA) in:
 - (a) providing accurate and factual responses to information requests from ASQA relevant to the delivery of services; and
 - (b) in the conduct of audits and the monitoring of its operations.
- If an approved Watto Training Third Party ceases to deliver the agreed training and/or assessment, please go to Watto Training's Grievance and Appeals Procedure in the Student Handbook. The Student Handbook can be found at www.wattotraining.com
- If there are any new third party arrangements or a change in ownership or changes to existing third party arrangements, learners will be notified as soon as practicable.
- Watto Training has a complaints policy to manage and respond to allegations involving the conduct of:
 - (a) the RTO, its trainers, assessors and other staff
 - (b) a third party providing services on the RTO's behalf, its trainers, assessors or other staff; or
 - (c) a learner of Watto Training.

All Watto Training students are required to complete the declaration before the commencement of training. By signing the Declaration and Acknowledgement, you acknowledge that you understand and will be bound by the conditions for undertaking Watto Training's training and assessment program contained in this declaration. Please ensure that the declaration has been completed accurately and correctly. By signing this declaration, you also acknowledge that your concerns about the health conditions you have detailed in these student records have been discussed with your Trainer prior to training and assessment and that you are satisfied with the Trainer's responses.

Student's Declaration and Acknowledgement

As a participant of Watto Training's training and assessment, I:

- Agree to Watto Training's fees and charges for training and assessment.
- Agree with Watto Training Refund Policy as outlined at www.wattotraining.com.au
- Am eligible to undergo training and assessment.
- Acknowledge that Watto Training shall keep personal information pertaining to my training and assessment records. These records shall be kept in a safe and secure location. Learner's personal details will comply with privacy principles. (This includes the copy taken of your licence).
- Will make a request directly to Watto Training in writing if I wish to view my training records. Watto Training shall be responsible for making a decision on the outcome of the application within 48 hours of receipt of the request.
- ***Agree to Watto Training's procedure for Lost CERTIFICATES AND STATEMENTS OF ATTAINMENT. I will be required to complete a statutory declaration advising that I have lost/destroyed my certificate – advising where, when and how. An original copy of the statutory declaration shall be signed and stamped by a justice of the peace and returned to WATTO TRAINING at P.O. Box 436, Bulimba Q 4171. THERE WILL BE A \$55.00 ADMINISTRATION FEE FOR THIS TO OCCUR.***
- Have advised my Trainer (and included details in this form) of all potential health issues which I know I have, including those that may require the consumption of prescription and other medication during the drive and I agree to allow the Trainer to carry the necessary medication for me throughout the drive.
- Will not deliberately risk the safety of myself or any other participants participating in Watto Training's training and assessment.
- Have not consumed any illegal drugs or excessive alcohol within 24 hours of the drive.
- I give permission to Watto Training to discuss details and progress of my course with Watto Training staff, my employer (if relevant), the Course Coordinator, Management and the Department of Employment and Training (for external audit purposes), including the potential use of completed assessment work for moderation purposes.
- Have entered into the training premises at my own risk and acknowledge and agree that I will participate in the Watto Training's training and assessment at my own risk.

- Have been offered the opportunity to ask any questions of Watto Training and have had any questions answered to my satisfaction.
- Have entered this agreement and decided to participate in Watto Training’s training and assessment freely and not under any duress.

I understand as a student of WATTO TRAINING I am expected to:

- Follow all regulations and requirements of Watto Training.
- Follow all lawful and reasonable directions from staff.
- Respect and ensure the safety, comfort and freedom of others.
- Demonstrate honest, responsible, courteous and ethical behaviour.
- Use all equipment and resources safely, appropriately and legitimately.
- Use transport responsibly and safely, whether approaching, within, or exiting Watto Training grounds.
- Follow all occupational health and safety requirements.

I also understand, the following behaviours are seen as unacceptable:

- Bullying, assault, intimidation or displaying aggressive, disruptive or ill-mannered behaviour towards others.
- Inappropriately interfering with, or causing willful or negligent damage to the learning environment.

I also acknowledge that I have read, and agree to be bound by, the Standard Terms and Conditions of Watto Training. In particular, I (the Driver) agree that:

- Watto Training has the right to refuse my participation in Watto Training’s training and assessment if there is justified concern for the safety of myself or other persons.
- I participate in Watto Training’s training and assessment at my sole risk.
- My participation in Watto Training’s training and assessment is on the basis that:
 - all statutory or implied conditions and warranties are excluded to the extent permitted by law; and
 - all and any liability on the party of Watto Training is excluded.
- I release Watto Training and its officers, employees and agents from:
 - all claims, demands, proceedings of every kind;
 - all loss or damage (including but not limited to property or death or personal injury of any nature or kind);
 - any liabilities whatsoever (including, but not limited to, negligence); and
 - all reasonable costs and expenses.
- I shall indemnify and keep indemnified Watto Training and their officers, employees and agents against all claims, demands, proceedings, loss, costs, charges, legal fees, expenses, damage and liability whatsoever for which Watto Training shall or may be or become either totally or partially liable in respect of or arising from loss, damage, injury or death from any cause (accidental or otherwise) to property or person occasioned or contributed to by my acts, omissions, neglect, breach or default.
- I provide this indemnity notwithstanding that any of such actions, claims, demands, losses, damages, proceedings, compensation, cost, charges, and expenses shall have resulted from any act or thing which I may be authorized or obliged to do.

My signature below confirms my acceptance and understanding to the terms set out in this declaration and the conditions of Watto Training’s training and assessment program.

Student’s Signature: _____ Date: ____/____/____

Trainer’s Signature: _____ Date: ____/____/____