

# C.ex Group Training Solutions Enrolment Form & Training Agreement

RTO Provider 46309

<b>STUDENT INFORMATION</b>	<b>1. PERSONAL DETAILS</b>															
	<b>First Name:</b>					<b>Middle Name:</b>					<b>Surname:</b>					
	<b>Title:</b>		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:		<b>Gender:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth:</b>				<b>Preferred Contact Method:</b>		<input type="checkbox"/> Phone <input type="checkbox"/> Email	
	<b>Phone:</b> <i>(Compulsory)</i>					<b>Email:</b> <i>(Compulsory)</i>										
	<b>Residential Address:</b>										<b>Postcode:</b>					
	<b>2. EMERGENCY CONTACT</b>															
	<b>Full Name:</b>					<b>Relationship:</b>					<b>Phone:</b> <i>(Compulsory)</i>					
	<b>3. EMPLOYMENT STATUS</b>															
	<b>Of the following categories, which <u>BEST</u> describes your current employment status?</b>		<input type="checkbox"/> Full-time employee				<input type="checkbox"/> Self-employed - not employing others									
			<input type="checkbox"/> Part-time employee				<input type="checkbox"/> Employed - unpaid worker in a family business									
			<input type="checkbox"/> Employer				<input type="checkbox"/> Unemployed - seeking full-time work									
			<input type="checkbox"/> Unemployed - seeking part-time work				<input type="checkbox"/> Not employed - not seeking employment									
	<b>4. UNIQUE STUDENT IDENTIFIER (USI)</b>															
	<b>Yes, I already have a USI, it is:</b>															
<b>No, I do not have a USI, please apply for a USI on my behalf:</b>												<input type="checkbox"/> Yes				
<b>5. VERIFICATION OF IDENTIFICATION:</b>																
<b>Please select and attach a photo/photocopy of ONE valid &amp; current form of Australian photo identification.</b>					<input type="checkbox"/> Australian Driver's License, <b>or</b>											
					<input type="checkbox"/> Australian Proof of Age Card, <b>or</b>											
					<input type="checkbox"/> Australian or New Zealand Passport											
<b>6. CITIZENSHIP</b>																
<b>Town/City of Birth:</b> <i>e.g. Camperdown, Sydney NSW</i>																
<b>Country of Birth:</b>		<input type="checkbox"/> Australia <input type="checkbox"/> Other <i>(Please specify):</i>														

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STUDENT INFORMATION	<b>CITIZENSHIP</b> <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> New Zealand Citizen  <input type="checkbox"/> Humanitarian Visa Holder <input type="checkbox"/> Other type of Visa Holder		If you selected one of these categories, please select below, and attach a photo/photocopy of <b>ONE valid &amp; current</b> form of identification to confirm citizenship.		
			<input type="checkbox"/> Medicare Card, or <input type="checkbox"/> Australian or New Zealand Passport, or <input type="checkbox"/> Australian Birth Certificate (NB: A birth extract is not sufficient), or <input type="checkbox"/> Australian Citizenship Certificate		
			If you selected one of these categories, please select below, and attach a photo/photocopy of <b>EACH</b> of your <b>valid &amp; current</b> Passport & Visa details.		
			<input type="checkbox"/> Non-Australian Passport, and <input type="checkbox"/> Visa		
	<b>7. LANGUAGE</b>				
	Do you speak English at home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what language is spoken at home?	
	Rate your spoken English proficiency?		<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
	<b>8. INDIGENOUS ORIGIN</b>				
	Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>		<input type="checkbox"/> No, I am not of Aboriginal or Torres Strait origin <input type="checkbox"/> Yes, I am of Aboriginal origin <input type="checkbox"/> Yes, I am of Torres Strait origin		
			I confirm with my signature below, that if required, I could provide documentary evidence to validate my Aboriginal and/or Torres Strait Islander origin. Signature: _____		
<b>9. SCHOOLING</b>					
What is your highest COMPLETED school level? <i>(Tick ONE box only)</i>		<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Never attended school			
Are you still attending High School?		<input type="checkbox"/> No    If No, in which calendar year did you complete High School? _____ <input type="checkbox"/> Yes    Current School Level: <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below Attending School: _____			
<b>10. DISABILITY</b>					
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proceed to section 11)</i>			
If Yes, please select the areas of disability, impairment or long-term condition: <i>(You may indicate more than one area)</i>		<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other <i>(Please specify):</i> _____			
<b>11. PRIOR EDUCATION</b>					
Have you successfully COMPLETED any full qualifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proceed to section 12)</i>			
If Yes, please record the Qualification(s) you hold.	Qualification Level <i>E.g. Diploma</i>	Qualification Title:			
Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT)? <i>If you have significant experience/knowledge/current competency in any of the units you are enrolling in, you may wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please complete the form at the end of this Enrolment form.</i>			

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STUDENT INFORMATION	<b>12. COMMONWEALTH BENEFIT OR ALLOWANCE</b>			
	Are you a current recipient or a dependant of a recipient of a <u>Disability Support Pension</u> ? If Yes, tick all that apply below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please select, and attach a photo/photocopy of ONE of the below types of <b>valid &amp; current documents</b> . <i>This evidence may enable you to claim a <b>Fee Exemption</b> if enrolled under the Smart and Skilled program.</i>		<input type="checkbox"/> Disability Concession Card <input type="checkbox"/> A letter from a medical practitioner outlining what training support is required due to your disability. <b>Centrelink correspondence (including CRN) confirming:</b> <input type="checkbox"/> You are a recipient of a Disability Support Pension <input type="checkbox"/> You are a dependant of a recipient of the Disability Support Pension	
	Are you a current recipient or dependent of recipient of any of the below <b>Australian Government welfare benefit or allowance</b> ? If Yes, tick all that apply below.			<input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>Proceed to section 13</b> )
	<input type="checkbox"/> Austudy <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Newstart <input type="checkbox"/> Family Tax Benefit Part A (Maximum Rate) <input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Carer Payment <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Age Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Veterans' Children Education Scheme	<input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Special Benefit	
	Please attach a photo/photocopy of ONE of the below types of <b>valid &amp; current documents</b> . <i>This evidence may enable you to claim a <b>Fee Concession</b> if enrolled under the Smart and Skilled program.</i>  <i>NB: A NSW New Entrant Trainee on a Newstart allowance is not eligible for a concession fee. The Carer Payment is different from the Carer Allowance or Carer Adjustment Payment.</i>		<input type="checkbox"/> Centrelink Concession Card (with correct coding) <b>Centrelink correspondence (including CRN) confirming:</b> <input type="checkbox"/> Receipt of the welfare benefit or allowance <input type="checkbox"/> Dependence on a recipient of the welfare benefit or allowance	
	What is your Centrelink Customer Reference Number (CRN)? If applicable.			
	<b>13. EQUITY ASSISTANCE</b>			
	Equity assistance may be available if you require assistance or support in any of the following categories. Please consult with a C.ex Group Representative if you require information. Evidence must be supplied with this enrolment form, which may include: A verbal assessment of the candidate by the trainer; or a written statement from the student (or parents if applicable); or a written statement from the employer or a medical certificate.			
	Do you require assistance due to literacy or numeracy barriers, including learning disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please specify:
Do you require assistance due to language barriers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you require provisions for a sign interpreter for a hearing impairment or note taking for visual impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do require any other assistance or support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>14. STUDY REASON</b>				
Which of the following, BEST describes your main reason for undertaking this training? (Tick one box only)	<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"/> To 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"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons:			
<b>15. EMPLOYMENT SERVICE PROVIDER DETAILS AND ESP CLIENT ID</b>				
Are you a client of an Employment Service Provider (ESP)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No ( <b>Proceed to section 16</b> )
What is the name of your Employment Service Provider (ESP)?				
What is your Employment Service Provider (ESP) Client ID?				
Did your Employment Service Provider (ESP) refer you to the training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the Employment Service Provider (ESP) referral ID? (Please mention if referred by an ESP provider)				

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STUDENT INFORMATION

## 16. NSW STUDENT DECLARATION

- I have read and understood the Student Handbook provided to me. I am aware of my role and C.ex Group Training Solutions role and responsibilities, and have been informed of:
  - the fees chargeable
  - the Student Information as follows:
    - Recognition of Prior Learning and Credit Transfer
    - Consumer protection information
    - Subcontractor information if relevant
    - What a student should do if they wish to defer or discontinue training
    - How students can access support during training
    - Contact details for any support services provided
    - Withdrawal policy – Pre-Enrolment Student Information Handbook
    - Contact details for support services
- I declare that the information provided to C.ex Group Training Solutions in application for study and supporting documentation is to the best of my knowledge true, correct and complete at the time of my enrolment/application
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer.
- I have provided a colour copy of my photo identification.
- I provided my consent for information required as part of my enrolment to be provided by my Job Active provider (if relevant).
- The C.ex Group Training Solutions' Training Fees & terms of trade, as outlined in this document and the Workplace Consultation Agreement
  - I agree to pay the training fees listed on this document (if applicable and not being paid by my employer or other organisation)
  - I understand that if an employer or other organisation is paying the enrolment fee or contributing to the training cost, C.ex Group Training Solutions will provide the employer or other organisation with progress reports on my training from time to time or as required.
  - I have consulted on the Consultation Agreement for my workplace and the development of the training plan and I agree to C.ex Group Training Solutions' Training fees & terms of trade, as outlined in this document and the Workplace Consultation Agreement.

## PRIVACY NOTICE

Under the Data Provision Requirements 2012, C.ex Group Training Solutions is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by C.ex Group Training Solutions for statistical, administrative, regulatory and research purposes.

C.ex Group Training Solutions may disclose your personal information for these purposes to:

Commonwealth and State or Territory government departments and authorised agencies; and NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

populating authenticated VET transcripts;  
 facilitating statistics and research relating to education, including surveys and data linkage;  
 pre-populating RTO student enrolment forms;  
 understanding how the VET market operates, for policy, workforce planning and consumer information; and  
 administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party agencies. Please note you may opt out of the survey at the time of being contacted.

<https://www.asqa.gov.au/standards/chapter-2NCVER> will collect, hold, use and disclose your personal information in accordance with the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>

### Consent to Use and Disclosure of Personal Information to The NSW Department of Education & Communities and Other Government Agencies

I, Understand and agree that:

- Personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by C.ex Group Training Solutions may be disclosed to the NSW Department of Education & Communities (**Department**).
- The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.
- The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemption or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

# C.ex Group Training Solutions Enrolment Form & Training Agreement

<ul style="list-style-type: none"> <li>I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.</li> <li>I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with AUSCHS for the purposes of evaluating and assessing my subsidised training.</li> </ul>												
STUDENT INFORMATION	<b>AUTHORITY TO PUBLISH</b> C.ex Group Training like to be able to use information about your training experiences in marketing materials for viewing by the public and for the purpose of promotion. If you tick the YES box, it means that you agree and authorise the following: A. C.ex Group Training Solutions is able to use information that it currently holds about my training experiences with the RTO, quote your words, information, image, or audio/visual recordings of you providing feedback/endorsements, as many times and in as many ways as required for the sole purpose of promoting e.g. brochures, on websites and social media, in newspapers, etc. B. Image(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes. C. You will not be consulted further about the specific context in which your words, information, image, or audio/visual recordings will appear D. Personal and confidential information will not be released, only your name, position & employer (as relevant) <div style="float: right;"> <input type="checkbox"/> Yes Your agreement is greatly appreciated.   <input type="checkbox"/> No </div>											
	<b>USI AUTHORISATION DECLARATION</b> You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI: <ul style="list-style-type: none"> <li>is collected by the Registrar for the purposes of: <ul style="list-style-type: none"> <li>applying for, verifying and giving a USI;</li> <li>resolving problems with a USI; and</li> <li>creating authenticated vocational education and training (VET) transcripts;</li> </ul> </li> <li>may be disclosed to: <ul style="list-style-type: none"> <li>Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:</li> <li>the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;</li> <li>education related policy and research purposes; and</li> <li>to assist in determining eligibility for training subsidies;</li> <li>VET Regulators to enable them to perform their VET regulatory functions;</li> <li>VET Admission Bodies for the purposes of administering VET and VET programs;</li> <li>current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;</li> <li>schools for the purposes of delivering VET courses to the individual and reporting on these courses;</li> <li>the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;</li> <li>researchers for education and training related research purposes;</li> <li>any other person or agency that may be authorised or required by law to access the information;</li> <li>any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and</li> </ul> </li> <li>will not otherwise be disclosed without your consent unless authorised or required by or under law</li> <li>I acknowledge that I have reviewed the Fact Sheet: Student Information for the Unique Student Identifier (<a href="http://www.usi.gov.au/students">www.usi.gov.au/students</a>).</li> <li>I confirm C.ex Group Training Solutions is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.</li> </ul>											
	<b>STUDENT AUTHORITY:</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Student Signature:</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Student Full name:</td> <td colspan="3"></td> </tr> </table>	Student Signature:		Date:		Student Full name:						
Student Signature:		Date:										
Student Full name:												
<b>PARENT/ GUARDIAN AUTHORITY:</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Parent/ Guardian Signature:</td> <td style="width: 70%;"></td> </tr> <tr> <td>Parent/ Guardian Full name:</td> <td></td> </tr> </table>	Parent/ Guardian Signature:		Parent/ Guardian Full name:									
Parent/ Guardian Signature:												
Parent/ Guardian Full name:												
EMPLOYER (if applicable)	<b>AUTHORITY TO PUBLISH</b> C.ex Group Training Solutions would like to be able to use information about the company in marketing materials for viewing by the public and for the purpose of promotion. If you tick the YES box, it means that you agree and authorise the following: A. C.ex Group Training Solutions are able to use information that it currently holds about you and your company's experiences with us, quote your words, information, image, or audio/visual recordings of you providing feedback/endorsements, as many times and in as many ways as required for the sole purpose of promoting e.g. brochures, on websites and social media, in newspapers, etc. B. Image(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes. C. You will not be consulted further about the specific context in which your words, information, image, or audio/visual recordings will appear D. Personal and confidential information will not be released, only your name, position & employer (as relevant) E. The use of your company's logo <div style="float: right;"> <input type="checkbox"/> Yes Your agreement is greatly appreciated.   <input type="checkbox"/> No </div>											
	<b>To be able to sign this form you must be over 18 years of age and an authorised representative of the company. This is an agreement between you (the company representative) and the RTO, please read it carefully. I have read, understood and agree to:</b> <ul style="list-style-type: none"> <li>Employer roles and responsibilities</li> <li>Verifies the Student's identity and employment with the company</li> <li>C.ex Group Training Solutions' Training Fees &amp; terms of trade, as outlined in this document and the Workplace Consultation Agreement</li> <li>I agree to pay the training fees listed on this document</li> <li>I have consulted on the Workplace Consultation Agreement and the development of the training plan</li> <li>Facilitate withdrawal time from routine work duties for Workplace based Structured Training</li> </ul>											
	<b>EMPLOYER DECLARATION</b> (To be signed by an or authorised employer representative for traineeships and workplace-based enrolments)											
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Employers Signature:</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Employers Full name:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td>Position:</td> <td></td> </tr> </table>	Employers Signature:		Date:		Employers Full name:						Position:
Employers Signature:		Date:										
Employers Full name:												
		Position:										

# C.ex Group Training Solutions Enrolment Form & Training Agreement

## Application for Recognition of Prior Learning (RPL) or Credit Transfer (CT)

### STUDENT INFORMATION

<b>Student Name:</b>			
<b>Date of Birth:</b>		<b>Phone:</b> <i>(Compulsory)</i>	
<b>Qualification:</b>			

**Recognition of Prior Learning (RPL):** Recognition of prior learning is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit.

**I understand I am to provide supporting evidence for this application. Further information will be provided for this RPL evidence collection.**

**Credit Transfer (CT):** Credit transfer is a process that provides students with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications from Nationally Recognised Certificates (Cert) and Statement of Attainments (SOA).

**All Certificates and Statement of Attainments provided must be copies of the original.**

**I wish to apply to Australian College of Higher Studies for the following Units of Competency.**

UNIT CODE	UNIT NAME	RPL	CT	Cert/SOA attached
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### STUDENT UNDERSTANDING AND ACKNOWLEDGMENT:

- I have read and understand the Pre- Enrolment information provided to me including the Pre- Enrolment information pack and the Smart and Skilled Student Information Handbook, and RPL/Credit transfer information.
- I am aware of my role and C.ex Group Training Solutions' role and responsibilities.
- I have been informed and understand that:
  - Application for RPL/Credit Transfer must be done at the time of application for enrolment
  - RPL/Credit Transfer applications must be assessed before any other units can be assessed.
  - Fees may be chargeable, and I have been advised of this.
  - Contact details for any follow up services are provided should I disagree with the result of my RPL/Credit Transfer application.
  - Consumer protection information is provided to me.

<b>Student Signature:</b>		<b>Date:</b>	
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**Office use only-** This request for RPL/Credit Transfer needs to be completed over and above the Enrolment Form and needs to be attached with the paperwork so the enrolment can be processed.