



Combined Team Services Student Enrolment Form

Please refer to your [student handbook](#) and the CTS website when completing this form. Contact us for course entry requirements prior to your enrolment. To lodge your form – mail or deliver your application to 9 Craigie Street, DAVENPORT WA 6230 or sign, scan and email to training@ctsconsult.com.au Ph: 08 9724 6580

PLEASE ENSURE YOU (AND YOUR GUARDIAN/PARENT IF YOU ARE UNDER 18) sign the last page of this enrolment form.

STUDENT NAME:

Privacy Notice

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

At any time, you may contact Combine Team Services to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

You can access relevant policies and procedures, including our Privacy Policy and Complaints Policy on our website – www.ctsconsult.com.au

Please select the Nationally Recognised Qualification and/or Skill Set and/or Unit of Competence you would like to enrol in.

Once we receive your completed form, we will contact you (if we have not had prior discussions regarding your enrolment) to discuss your unit selections, Recognition of Prior Learning opportunities, course costs, a payment plan if required, course entry requirements if any, funding if available and course dates/schedule/training plan.

If the qualification/skill set is not listed or you wish to enrol in individual units of competence tick "Other".

Code and Name	Tick
BSB30120 - Certificate III in Business	<input type="checkbox"/>
BSB40120 - Certificate IV in Business	<input type="checkbox"/>
BSB41419 - Certificate IV in Work Health and Safety	<input type="checkbox"/>
BSB40520 - Certificate IV in Leadership and Management	<input type="checkbox"/>
RIIRIS501E - Implement and maintain management systems to control risk (Level 5 Statutory Positions)	<input type="checkbox"/>
RII20520 - Certificate II in Resource Processing	<input type="checkbox"/>
RII30420 - Certificate III in Resource Processing	<input type="checkbox"/>
2 Day Leadership Fundamentals with Assessment – Classroom training <ul style="list-style-type: none"> • BSBXTW401 - Lead and facilitate a team • BBLDR413 - Lead effective workplace relationships 	<input type="checkbox"/>
2 Day Leadership Fundamentals – PD only, no assessment	<input type="checkbox"/>
RIIWHS202E - Enter and work in confined spaces	<input type="checkbox"/>
RIIWHS204E - Work safely at heights	<input type="checkbox"/>
Hot Work/Fire Warden Training <ul style="list-style-type: none"> • CPPFES2005 - Demonstrate first attack firefighting equipment • PUAFER008 - Confine small emergencies in a facility 	<input type="checkbox"/>
Issue work permits <ul style="list-style-type: none"> • MSMPER300 - Issue work permits • MSMWHS201 - Conduct hazard analysis 	<input type="checkbox"/>
3 Day Statutory Supervisor Training – Classroom training <ul style="list-style-type: none"> • BSBWHS411 Implement and monitor WHS policies, procedures and programs • BSBWHS414 Contribute to WHS risk management 	<input type="checkbox"/>
Statutory Supervisor - Mock Exam	<input type="checkbox"/>
Other – Please provide details:	<input type="checkbox"/>

Please provide the name and contact details of person responsible for payment.

If this box is left empty Combined Team Services will invoice you using the details your provide in your Personal Details Section of this form.

Name		Company	
Address		Telephone	
Email			

Do you have a concession card? Yes No If your training is funded by Jobs & Skills WA and you have a concession card you may be eligible for reduced fees. If you tick yes we will ask to sight and keep a copy of your card in your file.

Personal details

Unique Student Identifier (USI)

1. Enter your Unique Student Identifier (USI) If you do not have one you can apply for a USI at www.usi.gov.au

Unique Student Identifier (USI) – this will be a mixture of numbers and letters (10 digits)

If you already have a USI and have not listed it above you can give permission for Combined Team Services to search for it by signing below:

2. Enter your full name *

Family name (surname)

First given name

Second given name (middle)

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Combined Team Services to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

3. Enter your birth date

Day/month/year

4. Gender (Tick ONE box only)

Male Female Other

5. Enter your contact details

Home phone: _____ Work phone: _____

Mobile: _____ Email address: _____

Alternative email address (optional) _____

6. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

7. What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

Language and cultural diversity

8. In which country were you born?

Australia 1101

Other – please specify

9. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only 1201

Yes, other – please specify

10. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No 4

Yes, Aboriginal 1

Yes, Torres Strait Islander origin 2

3 (yes to both)

Disability

11. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N

No – Go to Question 13

12. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area)

Hearing/deaf 11

Physical 12

Intellectual 13

Learning 14

Mental illness 15

Acquired brain impairment 16

Vision 17

Medical condition 18

Other 19

Schooling

13. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

- | | | |
|-----------------------|-----------------------------|--|
| Year 12 or equivalent | <input type="checkbox"/> 12 | |
| Year 11 or equivalent | <input type="checkbox"/> 11 | |
| Year 10 or equivalent | <input type="checkbox"/> 10 | |
| Year 9 or equivalent | <input type="checkbox"/> 09 | |
| Year 8 or below | <input type="checkbox"/> 08 | |
| Never attended school | <input type="checkbox"/> 02 | Never completed any primary or secondary level education – go to question 14 |

14. Are you still enrolled in secondary or senior secondary education?

- Yes Y
No N

Previous qualifications achieved

15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16?

- Yes Y
No N **No – go to question 17**

16. If YES, tick ANY applicable boxes.

- | | |
|--|------------------------------|
| Bachelor degree or higher degree | <input type="checkbox"/> 008 |
| Advanced diploma or associate degree | <input type="checkbox"/> 410 |
| Diploma (or associate diploma) | <input type="checkbox"/> 420 |
| Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> 511 |
| Certificate III (or trade certificate) | <input type="checkbox"/> 514 |
| Certificate II | <input type="checkbox"/> 521 |
| Certificate I | <input type="checkbox"/> 524 |
| Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> 990 |

Employment

17. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- | | |
|---|-----------------------------|
| Full-time employee | <input type="checkbox"/> 01 |
| Part-time employee | <input type="checkbox"/> 02 |
| Self employed – not employing others | <input type="checkbox"/> 03 |
| Self employed – employing others | <input type="checkbox"/> 04 |
| Employed – unpaid worker in a family business | <input type="checkbox"/> 05 |
| Unemployed – seeking full-time work | <input type="checkbox"/> 06 |
| Unemployed – seeking part-time work | <input type="checkbox"/> 07 |
| Not employed – not seeking employment | <input type="checkbox"/> 08 |

Study reason

18. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- | | |
|--|-----------------------------|
| To get a job | <input type="checkbox"/> 01 |
| To develop my existing business | <input type="checkbox"/> 02 |
| To start my own business | <input type="checkbox"/> 03 |
| To try for a different career | <input type="checkbox"/> 04 |
| To get a better job or promotion | <input type="checkbox"/> 05 |
| It was a requirement of my job | <input type="checkbox"/> 06 |
| I wanted extra skills for my job | <input type="checkbox"/> 07 |
| To get into another course of study | <input type="checkbox"/> 08 |
| For personal interest or self-development | <input type="checkbox"/> 12 |
| To get skills for community/voluntary work | <input type="checkbox"/> 13 |
| Other reasons | <input type="checkbox"/> 11 |

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

‘11 — Hearing/deaf’

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

‘12 — Physical’

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

‘13 — Intellectual’

In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

‘14 — Learning’

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

‘15 — Mental illness’

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.

‘16 — Acquired brain impairment’

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

‘17 — Vision’

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

‘18 — Medical condition’

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.

‘19 — Other’

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Work History

Please provide a brief description of your Work History to assist in determining that you have the required workplace language literacy and numeracy (LLN) levels to successfully participate in this program. You may be requested to complete an LLN test at your own cost if we are unable to make this determination based on the information provided in this section.



You can attach your resume and relevant qualification along with this enrolment form.

Business 1		
Position		
From		To
Business 2		
Position		
From		To

Relevant skills:

Qualifications:

Provide a brief description on what you would like to achieve within your employment by completing a qualification at Combined Team Services

Career objective:

Withdrawal, Cancellation, Extensions and Confirmation of Registration

Course bookings are not confirmed until payment or purchase order has been received/accepted. Once confirmed bookings are subject to our cancellation policy.

Issue of Statements of Attainment/Certificates/Attendance

Statements of Attainment/Certificates/Attendance will not be issued until all accounts are paid in full unless other arrangements have been agreed to prior to completion of course. Students should verify fees for all courses at registration as fees are subject to change without notice.

Payment of Fees and Charges

Your registration will not be processed until CTS fees and charges are paid, a purchase order has been received, deferred payment arrangements have been made (payment plan) or fees and charges have been waived.

Course Fees and Refund Policy

Should Combined Team Services cancel any course, participants are entitled to a full refund or transfer of funds to a future course. We will refund in full any deposits received for any course that is cancelled. Combined Team Services will not be liable for any claims arising from course cancellation. Payment is required before commencement of course (unless prior arrangements are made with the Director).

- All Cancellations to course bookings must be received in writing
- Refunds for funded courses are subject to the Current WA VET Fees and Charges Policy
- Refunds for non funded courses are subject to our [refund policy](#) which is available on our website
- If you are enrolled in a course which has been specifically scheduled for you or your organisation, the conditions for refund may differ to the above, please refer to your quote or other correspondence from CTS.

Declaration of Receipt of Student Information

This is to certify that I have received and read the Combined Team Services (CTS) Student Handbook outlining the policies, practices and regulations which I agree to observe and follow during my period of study with CTS.

I understand that it is my responsibility to be familiar with the contents of the CTS Student Handbook and to ask questions on any matters I do not understand.

I understand this is just the preliminary enrolment and additional documents may be forwarded to me upon receipt of this form to complete the remaining necessary information for my enrolment. Enrolments are not confirmed until all details have been submitted and payment or payment arrangements have been made.

I understand that this declaration will be recorded in my student file.

Declaration

Student Name:
Student Signature:
Date:

Guardian/Parent Name (if student is under 18 years of age)
Guardian/Parent Signature:
Date:

OFFICE USE ONLY

LLN Test Required: Yes No CTS Staff Member Initial: [Click or tap here to enter text.](#)

Date enrolment form received: [Click or tap to enter a date.](#) (format DD/MM/YYYY)

Student ID: [Click or tap here to enter text.](#)

Once we receive your completed form, we will contact you (if we have not had prior discussions regarding your enrolment) to discuss your unit selections, Recognition of Prior Learning opportunities, course costs, a payment plan if required, course entry requirements if any, funding if available and course dates/schedule.