



STUDENT PRE—ENROLMENT FORM

Is this the first time you have enrolled with Australasian Fire & Safety? YES NO

If NO, when did you undertake this training _____

COURSE FOR WHICH YOU WISH TO APPLY: _____

DATE OF COURSE: _____ **COURSE LOCATION:** _____

TITLE: (Please tick ONE box only) MR MISS MRS MS OTHER: _____

GENDER: (Please tick ONE box only): MALE FEMALE

SURNAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: (DD/MM/YYYY) ____ / ____ / ____

CITB NUMBER (if applicable) _____

ADDRESS: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____

PHONE:(HM) _____ (WK): _____ (MOB): _____

EMAIL: _____

WORKPLACE CONTACT/INVOICING DETAILS

COMPANY: _____

NAME: _____

POSITION: _____

POSTAL ADDRESS: _____

SUBURB: _____ STATE/TERRITORY: _____ POSTCODE: _____

PHONE: _____ PURCHASE ORDER NO. _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____

COURSE CONDUCT

I _____ agree that my failure to advise Australasian Fire & Safety of my inability to attend with a minimum of 24 hours notice to the above mentioned course, may incur a fee of 20% of the course cost.

STUDENT SIGNATURE _____ DATE: ____ / ____ / ____

The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

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