

TMA Eligibility/Enrolment Form

Personal Details (Please print clearly)			
<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	
Surname:	First Name:	Middle Name:	
Former Surname:		Town/City of Birth:	
Phone:	Mobile:	Email:	
Home Address:			
Suburb:		State:	Post Code:
Postal Address (if applicable):			
Eligibility:			
To be eligible for TMA training you must satisfy the following criteria. (Please tick)			
<input type="checkbox"/> I am an Australian citizen or I currently resides in Australia and my residential/citizenship status is one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Holder of Permanent Visa <input type="checkbox"/> New Zealand passport holder (Aus resident for at least 6 months) <input type="checkbox"/> Other 			
Statistical Information: Ethnicity and Language			
Country of Birth:		Language Spoken at home:	
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not very Well <input type="checkbox"/> Not at all			
Are you 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 <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Disability			
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other _____			
Employment Status (Please tick the one that best describes your employment status)			
<input type="checkbox"/> Fulltime Employee <input type="checkbox"/> Self Employed (not employing others) <input type="checkbox"/> Unemployed – Seeking part time work <input type="checkbox"/> Employer <input type="checkbox"/> Retrenched Worker		<input type="checkbox"/> Part time <input type="checkbox"/> Unemployed - Seeking full time work <input type="checkbox"/> Employed – Unpaid worker <input type="checkbox"/> Not Employed – Not seeking work <input type="checkbox"/> Other: _____	
Employer Information (If applicable)			
Company Name:			
Employer Address:		Work Phone:	
Email:			
Employer / Supervisor Name:			

What of the following best describes your current or recent occupation?

- | | | |
|--|--|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Clerical and Administrative | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Technicians/Trade | <input type="checkbox"/> Machinery Operators/Driver |
| <input type="checkbox"/> Community & Personal Services | <input type="checkbox"/> Labourers | <input type="checkbox"/> Other |

Which of the following best describes the industry of your current or previous Employer?

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Information Media and Telecommunications | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Accommodation and Food Services | <input type="checkbox"/> Transport, Postal and Warehousing |
| <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Rental, Hiring and Real Estate Services | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Finance and Insurance Services | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Public Administration and Safety | <input type="checkbox"/> Arts and Recreation Services |
| <input type="checkbox"/> Other Services | |

Educational Details**What is your highest completed School Level:**

- | | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 10 | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 8 or Lower | <input type="checkbox"/> Did not go to School | | |

Are you still attending Secondary School Yes No

In which Year did you complete/leave secondary school: _____ (Please list year)

Have you successfully completed any of the following qualifications: No Yes (please list)

- | | |
|--|--|
| <input type="checkbox"/> Bachelor Degree or higher degree | <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Diploma or Associate Diploma |
| <input type="checkbox"/> Certificate III or Trade Certificate | <input type="checkbox"/> Vocational Graduate Certificate |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Vocational Graduate Diploma |
| <input type="checkbox"/> Certificate I | |
| <input type="checkbox"/> Certificate other than above - details: _____ | |

Please provide details of qualifications completed

(please indicate if your qualification was completed in Australia (A), is an Australian Equivalent (AR) or Internationally qualification(I))

Qualification Name: _____	Year: _____	Code: _____
Qualification Name: _____	Year: _____	Code: _____
Qualification Name: _____	Year: _____	Code: _____
Qualification Name: _____	Year: _____	Code: _____
Qualification Name: _____	Year: _____	Code: _____

Study Reason**Which of the following BEST describes your main reason for enrolling into this course?**

- | | |
|--|--|
| <input type="checkbox"/> To get a Job | <input type="checkbox"/> To try a different career |
| <input type="checkbox"/> To get a better Job or Promotion | <input type="checkbox"/> It is a requirement of my current job |
| <input type="checkbox"/> To obtain extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other Reason _____ |

Please briefly explain how you plan to use your Certificate IV/Diploma upon successful completion?

Eligibility criteria under specific initiatives/referral programs*

Have you been referred under any of the following initiatives?

- | | | |
|--|------------------------------|-----------------------------|
| Job Seeker Referral | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Asylum Seekers and Victims of Human Trafficking Initiative | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Workers in Transition Program | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Single and Teenage Parent Training Initiative | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Young People Transitioning From Care Initiative | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**Please note that if you answer "Yes" to any of the above initiatives, we will require supporting documentation or relevant Referral form.*

Courses enrolled in 2016/17

Which of the following BEST describes how many course(s) you will undertake in 2017?

- I am currently enrolled in a course which I originally commenced in 2016
- I am currently enrolled in a course commenced in 2017
- I have commenced and completed a course in 2017 and am currently enrolled in another course
- I plan to enrol in another course before the end of 2017
- I am not planning to enrol in another course in 2017

Referral Source

Which best describes how you heard about this course?

- | | |
|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Previously enrolled with TMA |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Job Services Australia |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Word of mouth | |

Unique Student Identifier (Mandatory for all students from 1st of January 2015)

Do you currently have a Unique Student Identifier?

- YES (please provide) _____
- NO (please read on)

Do you give permission for TMA to create a USI on your behalf?

- YES*

**Please note that once TMA has created a USI code on your behalf, an email will be sent to you for you to log onto the USI website to confirm your details, so please ensure that the information provided especially your email address is correct and legible.*

I authorise TMA (RTO 21609) to apply for a Unique Student Identifier (USI) code on my behalf.

I acknowledge that without a USI I will not be issued with any Statement of Attainments or Qualifications from TMA for training completed after the 1st of January 2015.

I have provided TMA a copy of ONE of the following types of acceptable Australian identification**:

- | | |
|--|---|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Certificate of Registration by descent |
| <input type="checkbox"/> Visa (with non-Australian Passport) | <input type="checkbox"/> Australian Passport |
| <input type="checkbox"/> Birth Certificate (Australian) | <input type="checkbox"/> Citizenship Certificate |
| <input type="checkbox"/> Medicare Card | |

*** Please note that you will be require to present the original copy of you supplied identification at the commencement of your course*

I will create and provide TMA with my USI

- No I will create my own USI (www.usi.gov.au/) prior to the commencement of the 1st day of training of the course and will provide my USI to TMA**

***Please note that you will not be able to begin your training without a USI being created, and provided to TMA at the commencement of the course.*

Terms & Conditions

I declare that:

- The information supplied regarding this application including my citizenship, age and highest prior qualification, to the best of my knowledge is **true and complete**.
- The provision of incorrect information and/or the withholding of relevant information relating to my academic or employment records may result in the withdrawal of a place offered by Traineeship Management Australia, at any stage during the course undertaken.
- Relevant information may be released to government and non-government agencies or other third parties (e.g. Department of Education Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship, Centrelink, USI Website and the Australian Taxation Office) for the purpose of confirming my identity upon the creation of your USI (Unique Student Identifier).
- I have read the Student Information Guide emailed to me or online on TMA's website, including all policies and agree to the requirements stated therein, in particular fees and charges and circumstances for re-sit and re assessment.

I give permission for TMA

- To obtain further information with respect to my application from other organisations and for the purpose of determining any Recognition of Prior Learning (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. Email)
- To use course feedback on marketing and advertising material.
- To charge to my Credit Card the balance between the Distance Course Fee and the Face to Face Course Fee costs should you wish to upgrade you course from our Distance course to a Face to Face classroom based training course. Payment will only be processed on students officially requesting to change to Face to Face program either via email or mail.
- If applicable, I have given TMA the permission to create a Unique Student Identifier (USI) on my behalf.

Student Declaration

I also declare that I have read the listed Terms and Conditions and TMA's Student Information Guide that has been emailed to me or I have downloaded an online copy from TMA's website. I am also aware of all policies and agree to the requirements stated therein, in particular duration or courses, fees and charges and circumstances for re-sit and re-assessment.

Student Name:

Student Signature:

Date:

Employer Declaration (if applicable)

Employer Name:

Employer Signature:

Date:

Course Details

I wish to enrol in the following Traineeship Management Australia (TMA) course:

Fee For Service – Distance Learning

Fee

FNS40815 Certificate IV in Finance and Mortgage Broking* **\$595**

This includes a 30 day FREE Subscription to Episode 1 of the Cert IV Digital Learning Platform

FNS50315 Diploma of Finance and Mortgage Broking Management Upgrade^ **\$595**

This includes a 30 day FREE Subscription to Episode 1 of the Diploma Digital Learning Platform

FNS50315 Diploma of Finance and Mortgage Broking Management **\$1,190**

This includes a 30 day FREE Subscription to Episode 1 of the Diploma Digital Learning Platform

Fee For Service – Distance Learning with 12 months FULL Video subscription

FNS40815 Certificate IV in Finance and Mortgage Broking* **\$1,190**

FNS50315 Diploma of Finance and Mortgage Broking Management Upgrade^ **\$1,190**

FNS50315 Diploma of Finance and Mortgage Broking Management **\$2,495**

[†] **Please Note:** TMA Certificate IV courses are designed to be undertaken within 24 calendar months. Any extension required may incur an additional tuition fee.

¹ **Please Note:** TMA Diploma courses are designed to be undertaken within 24 calendar months. Any extension required may incur an additional tuition fee.

[^] **Please Note:** To be eligible for the Diploma upgrade Enrolment Fee, you must have previously completed your Certificate IV in Finance and Mortgage Broking and supply TMA with evidence at Enrolment.

Payment Details

Please indicate how payment will be made.

My **Cheque/Money Order** payable to "Traineeship Management Australia" is enclosed***;

OR

Credit Card - Please debit the amount indicated above to my:

Bankcard **Visa** **Mastercard**

No:

Card Holder's Name: (please print) _____ Expiry ____/____

Card Holder's Signature: _____

****Please note as per TMA's training contract, TMA can only receive a maximum of \$1,000 per partial payment of your Enrolment Fee. Once the first payment has been received, a receipt will be sent via email with the proposed payment plan for the payment of your remaining balance.*

Please forwards completed Enrolment Forms via email to admin@tmaus.net.au or to Fax 03 9419 3466