

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: <small>(If Applicable)</small>		Town/City of Birth:	
Phone:	Mobile:	Email:	
Home Address:			
Suburb:		State:	Post Code:
Postal Address (if applicable):			
Eligibility:			
To be eligible for the NSW Government subsidy you must satisfy the three criteria below. (Please tick)			
<input type="checkbox"/> I am not currently enrolled in any Government Funded Secondary or Tertiary education			
<input type="checkbox"/> I am a NSW resident or a person who works in NSW.			
<input type="checkbox"/> My residential/citizenship status is one of the following: <i>(please indicate your status)</i>			
<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"/> Humanitarian refugee			
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? <small>(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)</small>			
<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"/> Part time	
<input type="checkbox"/> Self Employed (not employing others)		<input type="checkbox"/> Unemployed - Seeking full time work	
<input type="checkbox"/> Unemployed – Seeking part time work		<input type="checkbox"/> Employed – Unpaid worker	
<input type="checkbox"/> Employer		<input type="checkbox"/> Not Employed – Not seeking work	
<input type="checkbox"/> Retrenched Worker		<input type="checkbox"/> Other: _____	
Employer Information (If applicable)			
Company Name:			
Employer Address:		Position:	
Work no:		Email:	
Employer / Supervisor Name:			

Educational Details

What is your highest completed School Level:

- Year 12 Year 9 or equivalent
 Year 11 Year 8 or Lower
 Year 10 Did not go to School

Are you still attending Secondary School Yes No

In which Year did you complete/leave secondary school: _____

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

- Bachelor Degree or higher degree Certificate IV or Advanced Certificate/Technician
 Advanced Diploma or Associate Degree Diploma or Associate Diploma
 Certificate III or Trade Certificate Vocational Graduate Certificate
 Certificate II Vocational Graduate Diploma
 Certificate I
 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?

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

Please briefly explain why you should be allocated a funded place and 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 YES NO
Asylum Seekers and Victims of Human Trafficking Initiative YES NO
Workers in Transition Program YES NO
Single and Teenage Parent Training Initiative YES NO
Young People Transitioning From Care Initiative YES 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 2017/18

Which of the following BEST describes how many course(s) you will undertake in 2018?

- I am currently enrolled in a course which I originally commenced in 2016
- I am currently enrolled in a course which I originally commenced in 2017
- I am currently enrolled in a course commenced in 2018
- I have commenced and completed a course in 2018 and am currently enrolled in another course
- I plan to enrol in another course before the end of 2018
- I am not planning to enrol in another course in 2018

Referral Source

Which best describes how you heard about this course?

- Advertisement
- Internet
- Word of mouth
- Previously enrolled with TMA
- Job Services Australia
- Other: _____

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**:

- Driver's Licence
- Visa (with non-Australian Passport)
- Birth Certificate (Australian)
- Medicare Card
- Certificate of Registration by descent
- Australian Passport
- Citizenship Certificate

*** 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 or citizenship status may result in the withdrawal of a place offered by Traineeship Management Australia, at any stage during the course undertaken.
- Information supplied may be disclosed to relevant State and Federal Government agencies and bodies as appropriate to report enrolment details and for statistical purposes
- 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 and the Australian Taxation Office) for the purpose of confirming my identity, and to verify my entitlement to become an enrolled student and receive government support (if applicable).
- I have read the Student Information Guide 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

- (For applicable trainees) To provide assessment results and other progress information to my Employer.
- To obtain further information with respect to my application from other organisations and through 'QualSearch' for the purpose of determining eligibility (e.g. Confirm study and results from previous or current study)
- To communicate with me by electronic means (e.g. Email)
- Provide information to government, educational and any other relevant institutions for the purpose of research, statistical analysis, program elevation and internal management. I am aware that I might receive the National Student Outcomes Survey conducted by the NCVER.
- To use course feedback on marketing and advertising material.
- To charge to my Credit Card the balance between the Government Subsidised Course costs and the Full Course Fee costs should it be discovered that misleading/false information has been provided on the enrolment form to meet the Smart and Skilled First Qualification eligibility requirements.
- 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 Name (if applicable):	Employer Signature:	Date:

Course Details

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

Proposed Commencement Date:

City/State: NSW

Full Course Fees – Face to Face Training

Fee

FNS40815 Certificate IV in Finance and Mortgage Broking**† **\$5,860**

Government Subsidised Course Fees

Fee

FNS40815 Certificate IV in Finance and Mortgage Broking (Concession)* **\$240**

FNS40815 Certificate IV in Finance and Mortgage Broking (First Qualification) **† **\$1,980**

FNS40815 Certificate IV in Finance and Mortgage Broking (Subsequent Qualification) **† **\$2,310**

Full Course Fees – Distance Learning

Fee

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

This includes a 30 day FREE Subscription to our Certificate IV Digital Learning Platform

Full Course Fees – Distance Learning with 12 months FULL Video subscription

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

Payment Plan Options† Three Payment Plan

**General Concessions*

For enrolments in courses at the Certificate IV level and below, the RTO must charge the concession fee to an individual who, prior to the commencement of training, holds a current and valid:

- Age Pension
- Disability Support Pension (second or subsequent subsidised course enrolment in a calendar year)
- Family Tax Benefit Part A (maximum rate)
- Special Benefit
- Veterans' Affairs Pensions
- Youth Allowance
- Austudy
- Exceptional Circumstances Relief Payment
- Newstart Allowance
- Sickness Allowance
- Widow B Pension
- Wife Pension
- Carer Payment
- Farm Household Allowance
- Parenting Payment (Single)
- Veterans' Children Education Scheme
- Widow Allowance

***Please note as per TMA's training contract, TMA can only receive a maximum of \$1,500 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.*

† *Payment plans available on Full Course, First Qualification and Subsequent Qualification course fees.*

^ *Please note that by choosing to undertake the course via distance, I understand it is not government subsidised under Smart and Skilled.*

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:

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

Card Holder's Signature: _____

CREDIT CARD PAYMENT PLAN AUTHORITY FORM

FNS40815 - Certificate IV in Finance and Mortgage Broking

Student Name: _____

Please debit the following regular amount from my credit card, as detailed below, and make the payment to **Traineeship Management Australia Pty Ltd**, for the above mentioned student to undertake;

- For course:**
- Certificate IV in Finance and Mortgage Broking - **\$1,980 – 1st Qual**
- Certificate IV in Finance and Mortgage Broking - **\$2,310 – 2nd Qual**

Example of when payments are to processed:

Payment	Date	3 Payments
1 st Payment Date	Day of enrolment	\$660.00
2 nd Payment Date	1 st day of next month of enrolment	\$660.00
3 rd Payment Date	1 st day of second month of enrolment	\$660.00

Total: \$1,980.00

Payment	Date	3 Payments
1 st Payment Date	Day of enrolment	\$770.00
2 nd Payment Date	1 st day of next month of enrolment	\$770.00
3 rd Payment Date	1 st day of second month of enrolment	\$770.00

Total: \$2,310.00

Student Declaration

I also declare that I have read and commit to the proposed payment scheduled as listed above and approve for TMA to process these agreed payments on the dates listed from my listed Credit Card Details.

- I am also aware should these payment not be able to be processed on these dates, this may result in my Enrolment in the course being Cancelled. Any changes to these proposed training dates must be approved by Scott Donnelly (TMA Managing Director) in advance.*
(Please tick box)

Student Name:	Student Signature:	Date: