



# Seafood Training Tasmania ENROLMENT FORM



Please fill in all sections clearly and carefully by writing in block letters.

## PERSONAL DETAILS

Title: (Please tick) Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: (if different from above) \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Emergency/Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

## COURSE DETAILS

**An enrolment fee of \$100 is required FOR EACH ENROLMENT FORM submitted. The balance of the fee is payable before commencement of training. If you are completing the course through an employment agency or company, a signed purchase order is required before the commencement of training.**

### COURSE SELECTION:

### DATES

Coxswain Deck Restricted	<input type="checkbox"/>	.....
Coxswain Engineering	<input type="checkbox"/>	.....
Coxswain Navigation	<input type="checkbox"/>	.....
Limited Coxswain Upgrade	<input type="checkbox"/>	.....
Elements of Shipboard Safety	<input type="checkbox"/>	.....
First Aid	<input type="checkbox"/>	.....
Marine Radio Operators Certificate	<input type="checkbox"/>	.....
Forklift Operators Certificate	<input type="checkbox"/>	.....
Deck Machinery & Lifting Appliances	<input type="checkbox"/>	.....
Use Waders Safely	<input type="checkbox"/>	.....
MED 3	<input type="checkbox"/>	Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>
MASTER 5	<input type="checkbox"/>	Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>
Cert III Seafood Processing	<input type="checkbox"/>	.....

### NOTES:

All of the above courses consist of training and assessment in nationally recognised units of competency

**Any one intending to apply for a Full Coxswain that wants STT to hold their MAST paperwork until all units are complete please tick this box**

SEAFOOD TRAINING TASMANIA  
2A Gladstone Street, Battery Point, Tas 7004  
[www.seafoodtrainingtas.com.au](http://www.seafoodtrainingtas.com.au) Tel: 03 62336442 Fax: 03 62232780 Email: [stt@seafoodtrainingtas.com.au](mailto:stt@seafoodtrainingtas.com.au)

Please Note: Faxed enrolment forms **MUST** be confirmed by phone

## EMPLOYMENT DETAILS

Business Name: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

In which of the following Sectors do you intend using the qualification?

- Government (specify Dept) \_\_\_\_\_
- Processing (specify Species) \_\_\_\_\_
- Aquaculture (Finfish)  Aquaculture (Shellfish)  Aquaculture (Other) \_\_\_\_\_
- Catching (Crayfish)  Catching (Abalone)  Catching (Scalefish)  Catching (Other) \_\_\_\_\_
- Maritime (Passenger)  Maritime (Trading)
- Other Area (interest/ hobby- please specify) \_\_\_\_\_

Are you of aboriginal or Torres Strait Islander origin?

*(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)*

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander

Were you born in Australia? Yes / No If not, please specify. \_\_\_\_\_

Are you still attending secondary school? Yes  No

What is your highest completed school level?

Completed year 12 <input type="checkbox"/>	Completed year 11 <input type="checkbox"/>	Completed year 10 <input type="checkbox"/>
Completed year 9 or equivalent <input type="checkbox"/>	Completed year 8 or lower <input type="checkbox"/>	Did not go to school <input type="checkbox"/>

In which year did you complete that school level

Of the following categories, which best describes your current employment status? (Tick ONE box only)

<input type="checkbox"/>	Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work
<input type="checkbox"/>	Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not employed – not seeking employment
<input type="checkbox"/>		No, English only (Go to disability section)	
<input type="checkbox"/>		Yes, other – please specify below	

Do you speak a language other than English at home?  Very Well  Well  Not well  Not at all

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**Do you consider that you have any medical conditions that will affect your training?**

<input type="checkbox"/> No	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical	<input type="checkbox"/> Other.....
<input type="checkbox"/> Allergies	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Learning	<input type="checkbox"/> Acquired Brain Impairment

If yes, please detail the assistance you think you may need.....

**Do you think you will need help with reading, writing or arithmetic?** Yes  No

If you ticked YES we will pass on your details to your trainer. We can arrange a wide range of assistance. Always confidential! One of our staff will contact you to discuss your options. Is this OK? Yes  No

**Have you completed any of the following qualifications?**

<input type="checkbox"/> Yes (please tick ANY applicable boxes)	<input type="checkbox"/> No ( Go to the Employment section)
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

**Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? (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"/> Personal interest / Self-development	<input type="checkbox"/> Other reasons

**RPL**

**Do you wish to claim recognition for any of the course/qualification that you're enrolled in? YES  NO**

(If you have a current qualification or believe you are currently competent in any (or part) of the areas listed below, you may not have to attend all training sessions or assessments!)

- completed a similar course or believe you can demonstrate your knowledge & skills in the area.
- current qualification in the subject
- wish to discuss the matter with a representative of Seafood Training Tasmania.

**DECLARATION**

**Liability**

I acknowledge and agree that in applying to participate in any course conducted by Seafood Training Tasmania that the nature of the activities required to be carried out by me as part of the course are such that it would be unreasonable for Seafood Training Tasmania to be in any way responsible for any injury to or death to me or to damage to my property and I hereby, to the full extent permitted by law, waive all my legal rights of action against and fully release Seafood Training Tasmania for loss, damage, injury or death and loss or damage to property howsoever arising out of or in relation to my participation in the course conducted and/or organised by Seafood Training Tasmania including without limitation liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of Seafood Training Tasmania, its office bearers, servants or agents.

I also acknowledge and agree that I undertake any course and activity associated with that course organised by Seafood Training Tasmania freely, voluntarily and absolutely at my own risk with a full appreciation of the nature and extent of the risks involved in undertaking the course. This waiver will bind me and my executors and assigns.

I have read and understood this waiver of my legal right.

- I have received a copy of Seafood Training Tasmania's Code of Practice and I understand it.
- I understand the recognition options available and how to claim RPL.
- I certify that I have read and understood this enrolment form and that all details provided in this form are correct.
- I understand that information and results from any enrolments contained in these forms may be provided to my current employer, State and Commonwealth agencies and research organisations, and the National Centre for Vocational Education Research (NCVER) and I consent to that occurring.
- Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Manager.
- I consent to the publication of my photograph for promotional purposes (if this is not acceptable please delete and initial)
- I accept that no results will be awarded in any course if my enrolment fees are not paid and I acknowledge that fees are due for all modules/units commenced, regardless of completion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If the Applicant is under 18 years of age, a parent or guardian must also sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## Fees & Charges

The fees and charges for training offered by Seafood Training Tasmania are found in the Training Course Booklet.

**Full refunds** are available for course enrolments, provided 14 days notice of withdrawal is given before course commencement. **Where less than 14 days notice is given a cancellation fee of \$100.00 may be charged.** (This cancellation fee may be waived if a valid reason is given with supporting evidence. EG doctor's certificate)

**Discounts** on course fees may be given to clients by applying to the Manager of STT stating their reasons. This is normally restricted to recipients of a range of Commonwealth benefits, those enrolled in a publicly funded program, students in receipt of Newstart or Youth allowances and those experiencing extreme financial hardship. Other full time students (secondary & tertiary) will be eligible for a minimum of a 30% discount on presentation of evidence. Discounts do not apply to statutory fees, STT enrolment fee or training resources.

## FEE Concessions for courses subsidised by Skills Tasmania

Discounts apply to some courses and fees

If you are in receipt of any of the following please circle where appropriate and we will let you know what discount applies;

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Pensioner Concession</li><li>• Veterans' Affairs Concession</li><li>• Sickness Allowance</li><li>• Newstart</li><li>• Special Benefit</li><li>• Family Tax Benefit (at maximum rate)</li><li>• Youth Allowance</li></ul> | <ul style="list-style-type: none"><li>• Carer Pension</li><li>• Disability Support Pension</li><li>• Mature Age Allowance</li><li>• Partner Allowance</li><li>• Parenting Payment Single</li><li>• Parenting Payment Partnered</li><li>• Widow Allowance</li><li>• ABSTUDY</li></ul> | <ul style="list-style-type: none"><li>• Austudy (study allowance for fulltime participants over 25 years of age)</li><li>• Drought Relief</li><li>• Foster Care Participants</li><li>• Dependents of people in receipt of any of the above benefits</li></ul> |
|--|--|---|

**People who are inmates of a custodial institution**

**People experiencing extreme financial hardship**

**People enrolled in some publicly funded programs:**

- Key Skills for Work and Study, Course in (National Code 69900)
- Courses delivered specifically for Aboriginal and Torres Strait Islander peoples
- New Apprenticeship Access Program
- Advanced English for Migrants Program (AEMP)
- Women's Access Programs
- VET in Schools Programs for enrolled school participants
- Literacy and numeracy courses
- Certificate I in General Education for Adults.

## PAYMENT DETAILS

Cash  Cheque  Work Order  Credit Card      Amount paid \$.....

Type of Card:  Bankcard  Visa  Mastercard

Cardholders Name: .....

CARD No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exp.Date:  /  /

Signature: ..... Date: .....

## OFFICE USE ONLY

Invoice Number/s: ..... Processed By: ..... Date: ...../...../.....

NOTES: - Disability Assistance Required

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