

# ENROLMENT FORM

## IMPORTANT

Please read the following before sending in this enrolment form.



1. Please complete all relevant sections of this form. If the course you wish to enrol in is a nationally recognised unit or qualification, you will need to complete the AVETMISS DETAILS form which can be found in the back section of the HIA Training Directory or as a separate document provided to you by your local HIA Training Services team.
2. Please source a copy of the Student Handbook from the HIA website [hia.com.au](http://hia.com.au) or from your local HIA office. This handbook provides you with detailed information on the HIA Code of Practice, Terms and Conditions of enrolment for an HIA training course, Code of Ethics, students rights and responsibilities and more.
3. Each State and Territory has specific requirements in regards to experience, skills, knowledge, and qualifications needed to gain a required licence. HIA is able to assist in gaining technical requirements for a licence. Check with your state or territory authority for full details on other requirements.
4. Lodge your completed form at your local HIA Training Services office
5. All enquiries should be directed to HIA Training Services on 1300 650 620.

**PRIVACY STATEMENT** Information collected by HIA is used, stored and disposed of in accordance with the National Privacy Principles as set out in the Commonwealth Privacy Act 1988. Information that is provided to HIA may be covered by the Freedom of Information Act 1992. This information may also be used for the purposes of confirming an applicant's details (as required).

## SECTION 1: COURSE DETAILS

|              |                           |
|--------------|---------------------------|
| Course name: | Course commencement date: |
| Course name: | Course commencement date: |
| Course name: | Course commencement date: |

## SECTION 2: APPLICANT DETAILS

|   |                         |           |
|---|-------------------------|-----------|
| Full legal name:  |                         |           |
| Preferred name:   |                         |           |
| Job title:  |                         |           |
| HIA Member Number:  | CITB Number (if in SA): |           |
| Residential address:  |                         |           |
| Suburb:   | State:                  | Postcode: |
| Postal Address (if different to residential address):                           |                         |           |
| Suburb:   | State:                  | Postcode: |
| Email:  |                         |           |
| Contact number:   | Mobile number:          |           |
| Date of birth:  | Male / Female:          |           |
| Do you have any reading or writing issues that you may require assistance with? | Y / N                   | Details:  |
| Have you undertaken any prior training that may count towards this course?      | Y / N                   | Details:  |

# ENROLMENT FORM CONTINUED

## SECTION 3: PAYMENT

Payment amount: \_\_\_\_\_

Payment method:  Credit Card  Cheque / Money order  Cash

For cash, cheque or money order – please present to HIA Training Staff with this form.

For credit card payment, see below

Card type:  VISA  MASTERCARD  AMERICAN EXPRESS

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Card holder's name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

## SECTION 4: DECLARATION

I hereby declare that

- I have read, understand and will comply with all policies and procedures as outlined in the HIA Student Handbook
- I have read, understand and agree to the HIA's Terms and Conditions and Refund policy
- I was adequately informed of the requirements and expectations of the course prior to enrolment
- I have received and understand the information provided regarding prerequisites, including but not limited to literacy and numeracy requirements, for this course and I believe I meet these prerequisites
- The information I have provided is true and correct to the best of my knowledge and
- Should I provide incorrect information and documentation relating to my enrolment I understand that this may result in the cancellation of my enrolment
- I authorise HIA to release information regarding my enrolment to any Government Department and other parties when HIA is legally obliged to do so

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

Signature: \_\_\_\_\_

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

If this statement was read to you, the person who read the statement must sign below:

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

Signature: \_\_\_\_\_

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

If you are under 18, your enrolment must be approved by a parent or guardian. Please have them sign below:

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

Signature: \_\_\_\_\_

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

HIA may use your information to offer you other HIA products and services and relevant commercial products and services from others that may be of interest to you in your business.

Please tick this box if you do not wish to receive these commercial offers.