

CPP30811 CERTIFICATE III IN FIRE PROTECTION INSPECTION AND TESTING Enrolment Form

Use this form to enrol in the CPP30811 Certificate III in Fire Protection Inspection and Testing. The fees listed on this form are GST free and cover enrolment, learning materials, assessment and any related public assessment costs. Private workshops can be arranged and incur additional fees. Contact us to learn more about this option.

Complete the enrolment details on pages 2 and 3, then select the electives on page 4. A deposit of \$1000.00 is required to secure your enrolment and remaining payments are made in instalments prior to assessment. Students should indicate their preferred assessment workshop details on page 2. Students who do not indicate a preference are placed on a waitlist and given preference for attending according to the date they enrolled. When you require assessment, contact FPA Australia to discuss your options.

We recommend you undertake the following actions prior to enrolling

- Read the Student Handbook on our website www.fpaa.com.au for information regarding refunds and withdrawals, and penalty fees for late cancellations and no-shows for confirmed workshops, and re-assessment fees for those who require additional assessments to be undertaken.
- Contact an Australian Apprenticeship Centre to identify if you are eligible for government incentives (<http://www.australianapprenticeships.gov.au>)
- Ensure you have a workplace and mentor for self-study subjects, or call to discuss workshop options with our trainers.
- Contact us to discuss your training and assessment options and to confirm a place in a public assessment session in your state, or to make alternative arrangements.
- We will collect and use the information provided on this enrolment form in accordance with the FPA Australia Privacy Policy. You can view this policy on our website.

FPA Australia Membership details

- Student name: _____
- Please indicate if you are a member of FPA Australia.
- Write your membership number if known: _____
- If you are a non-member, please indicate if you DO NOT want to receive other information from FPA Australia from time to time.

Please indicate if you are undertaking this training for either of the following purposes:

- To gain a licence (eg. EAHL Qualified person's Licence or QLD BSA). Please identify the licence:
- Towards the Fire Protection Accreditation Scheme (FPAS)

FPA Australia Office Use Only

Student details

Title/Surname: USI: UNIQUE STUDENT IDENTIFIER

Given Names:

Gender: (please circle) Male/Female Date of Birth:

Are you undertaking this training as a Workplace Based Trainee/ Apprentice? (please circle) YES / NO

Employer:

Residential address (must be your home address)

Building/property name (optional):

Address:

Suburb/Town: State: Postcode:

Personal email:

Business email:

Home phone: Business phone:

Mobile phone:

Postal address (for delivery of learning materials) – only if different to residential address

Is this your Employer's address? Yes/No

Address:

Suburb/Town: State: Postcode:

Student Declaration – For your enrolment to be valid please tick and sign the following

- I have read and understood the FPA Australia Student Handbook located on the FPA Australia website and, in particular I understand the information about penalty fees applicable to cancellations and 'no-shows'. I also understand the information regarding refunds, withdrawals and re-assessment fees.
- I the individual/employer (circle one) hereby agree to pay all fees and charges applicable to and arising from this enrolment.
- I understand that FPA Australia may be legally obliged to release information regarding my enrolment to various Government Departments and other parties, and will do so when required.
- The statements that I have made in this enrolment form are true and correct.
- I was adequately informed of the requirements and expectations of the course prior to enrolment.
- (*Not applicable for Private Workshops*) I understand that training is delivered via self-study materials, and that I will need to study those materials and prepare before attending a Public Assessment Session. I also understand that I will only receive minimal instruction at a Public Assessment workshop, prior to undertaking my theory and practical assessment.

Student must tick above and sign here: Date:

Employer to also sign if funding the enrolment: Date:

For a Public Assessment Session please indicate preferred State: Date:

Enrolment data collection

All registered training organisations are required by law to collect the following information at enrolment.

Language and cultural diversity

Were you born in Australia? YES / NO If no, please specify

Do you speak a language other than ENGLISH at home? NO / YES, If yes, please specify.

How well do you speak English? (*Please select one response*)

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Well | <input type="checkbox"/> Well |
| <input type="checkbox"/> Not Well | <input type="checkbox"/> Not at all |

Are you of Aboriginal or Torres Strait Islander origin?

- | | |
|--|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Torres Strait Islander | <input type="checkbox"/> Yes, both |

Disability

Do you consider yourself to have a disability, impairment or long term condition? YES/NO

If YES, please circle the area of disability, impairment or long-term condition (*select all applicable choices*):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other |

Schooling

What is your highest COMPLETED school level?

- | | |
|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school |

In which YEAR did you complete that school level?

Are you still attending secondary school? YES / NO

Previous qualifications attained

Have you SUCCESSFULLY completed any of the following qualifications? (*If yes, select all applicable choices*)

- | | |
|---|--|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate other than the choices provided |

Employment

Of the following categories, which BEST describes your current employment status? (*select only ONE*)

- | | |
|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment |

Study reason

Of the following categories, which BEST describes your main reason for undertaking this study (*select only ONE*):

- | | | |
|---|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To start my own business | <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"/> For personal interest or self-development |
| <input type="checkbox"/> Other reasons | | |

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To meet the course requirements you must complete **six core** subjects and **ten elective** subjects.

Core subjects - all these subjects must be completed to achieve this qualification

- BSBWOR301B** Organise personal work priorities and development
- CPPCMN2002A** Participate in workplace safety arrangements
- CPPFES2004A** Identify types of installed fire safety equipment and systems
- CPPFES2005A** Demonstrate first attack fire fighting equipment
- CPPFES2006A** Prepare for installation and servicing operations
- CPPFES2007A** Maintain quality of work and promote continuous improvement

Elective subjects – a total of ten electives must be completed

Select the following: **A total of ten (10) electives must be selected.**

A **minimum** of 4 subjects from Group A, **up to 4** subjects from Group B. Please note that there are some subjects indicated below, that can be applied as credit transfers towards completion of this qualification, as Group B subjects (no more than 4 can be selected). FPA Australia does not currently offer training and assessment in those units marked for credit transfer and each credit transfer reduces the cost of the overall enrolment by \$250 per credit transfer. To apply for credit transfer a certified Statement of Attainment showing these units already achieved through another educator must accompany the enrolment. Call us for further information before applying for credit transfer.

Group A (a minimum of 4 subjects must be completed from this group)

- CPPFES2003A** Safely move loads and dangerous goods
- CPPFES2047A** Inspect and test control and indicating equipment
- CPPFES3024A** Inspect and maintain portable foam-generating equipment
- CPPFES3042A** Install and commission pre-engineered fire-suppression systems
- CPPFES3044A** Interpret installation requirements for gaseous fire-suppression systems
- CPPFES3045A** Install gaseous agent containers and actuators
- CPPFES3046A** Decommission gaseous agent containers and actuators

Group B (up to 4 subjects are required from this group)

- BSBCUS301B** Deliver and monitor a service to customers
- BSBFLM303C** Contribute to effective workplace relationships
- BSBFLM311C** Support a workplace learning environment
- BSBFLM312C** Contribute to team effectiveness
- BSBWHS301A** Maintain workplace safety
- BSBFLM306C** Provide workplace information and resourcing plans *(credit transfer only)*
- BSBFLM309C** Support continuous improvement systems and processes *(credit transfer only)*
- CPPCMN3001B** Participate in environmentally sustainable work practices *(credit transfer only)*
- HLTFA311A** Apply first aid *(credit transfer only)*
- TAEDEL301A** Provide work skill instruction *(credit transfer only)*

Qualification Pricing and Membership discounts

Non-member \$4520.00

Membership level	Qualification Price	Membership level	Qualification Price
<input type="checkbox"/> Associate Membership	\$4360.00	<input type="checkbox"/> Individual Membership	\$4280.00
<input type="checkbox"/> Bronze Membership	\$4200.00	<input type="checkbox"/> Silver Membership	\$4120.00
<input type="checkbox"/> Gold Membership	\$4040.00	<input type="checkbox"/> Platinum Membership	\$3960.00

Payment of a \$1000.00 deposit is required to secure this enrolment and before learning materials are dispatched to the student. An invoice and a schedule for additional payments will be forwarded to you with the learning materials.

All payments must be completed prior to assessment.

Payment amount for this enrolment

Qualification Price	\$
Membership Vouchers & Other Discounts	\$
Deposit	\$1000.00
Outstanding Balance	\$

Payment details

Payment for this enrolment will be made by (please indicate):

Individual (We will send receipt to your postal address) Employer (Please provide details below)

Company:

Contact:

Address:

Suburb/city/town:

State:

Postcode:

Contact phone number:

Payment methods—Return this form with deposit payment to secure your enrolment

Deposit cheque attached: Payable to *FPA Australia*

EFT Payment: FPA Australia BSB: 033-083 Acct: 33-2932
Please record either the word "Training" or our invoice number in the payment description of your transaction, and email us at training@fpaa.com.au to advise us of the payment, student name, receipt number and date.

Proforma invoice/quote. This will be sent to the person responsible for payment as listed in the Payment details section above. Please note that the enrolment will not be processed, and learning materials will not be dispatched, until payment of the deposit is received by FPA Australia.

Credit Card (circle type): Visa Amex MasterCard

Card No: ____/____/____/____ Exp Date: __/__/__

Name on card:

Signature: