

Individual Subject Enrolment Form

Use this form to enrol in individual subjects from the Fire Protection Inspection and Testing qualifications. 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 your subjects on page 4. On page 4 record the total fees, then on page 5 work out your membership discounts. If fees amount to \$1000.00 or less, the total is payable up front. Where the total fee is greater than this then a deposit of \$1000.00 is required to secure your enrolment with the remaining amount made in instalments prior to assessment.

Students should indicate their preferred assessment session 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. If you are not booked into a session contact FPA Australia to discuss your options when you are ready for assessment.

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 assessment sessions, 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 Session, 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. Please ensure you answer ALL questions.

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*)

- Very Well Well
 Not Well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

- NO Yes, Aboriginal
 Yes, Torres Strait Islander 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 | | |

Select your preferred subject

Unit fee

<input type="checkbox"/>	BSBCUS301B Deliver and monitor a service to customers	\$285.00
<input type="checkbox"/>	BSBFLM303C Contribute to effective workplace relationships	\$285.00
<input type="checkbox"/>	BSBFLM311C Support a workplace learning environment	\$285.00
<input type="checkbox"/>	BSBFLM312C Contribute to team effectiveness	\$285.00
<input type="checkbox"/>	BSBWHS301A Maintain workplace safety	\$285.00
<input type="checkbox"/>	BSBWOR202A Organise and complete daily work activities	\$230.00
<input type="checkbox"/>	BSBWOR301B Organise personal work priorities and development	\$230.00
<input type="checkbox"/>	CPPCMN2002A Participate in workplace safety arrangements	\$230.00
<input type="checkbox"/>	CPPCMN2003A Provide effective client service	\$230.00
<input type="checkbox"/>	CPPFES2003A Safely move loads and dangerous goods	\$230.00
<input type="checkbox"/>	CPPFES2004A Identify types of installed fire safety equipment and systems	\$230.00
<input type="checkbox"/>	CPPFES2005A Demonstrate first attack fire fighting equipment	\$230.00
<input type="checkbox"/>	CPPFES2006A Prepare for installation and servicing operations	\$230.00
<input type="checkbox"/>	CPPFES2007A Maintain quality of work and promote continuous improvement	\$230.00
<input type="checkbox"/>	CPPFES2010A Inspect and test fire hose reels	\$285.00
<input type="checkbox"/>	CPPFES2011A Install portable fire extinguishers and fire blankets	\$285.00
<input type="checkbox"/>	CPPFES2016A Inspect, test and maintain delivery lay flat fire hoses	\$385.00
<input type="checkbox"/>	CPPFES2020A Conduct routine inspection and testing of fire extinguishers and fire blankets (<i>routine testing</i>)	\$285.00
<input type="checkbox"/>	CPPFES2021A Inspect, test and maintain fire extinguishers (<i>3-5 yearly hydrostatic testing</i>)	\$285.00
<input type="checkbox"/>	CPPFES2025A Inspect, test and maintain gaseous fire-suppression systems	\$485.00
<input type="checkbox"/>	CPPFES2026A Inspect and test emergency and exit lighting systems	\$285.00
<input type="checkbox"/>	CPPFES2027A Inspect, test and maintain non-gaseous pre-engineered fire-suppression systems	\$385.00
<input type="checkbox"/>	CPPFES2035A Identify, inspect and test fire and smoke doors	\$385.00
<input type="checkbox"/>	CPPFES2037A Inspect and test fire hydrant systems	\$285.00
<input type="checkbox"/>	CPPFES2039A Identify, inspect and test passive fire and smoke containment products and systems	\$385.00
<input type="checkbox"/>	CPPFES2043A Prevent ozone depleting substance and synthetic greenhouse gas emissions	\$200.00
<input type="checkbox"/>	CPPFES2047A Inspect and test control and indicating equipment	\$485.00
<input type="checkbox"/>	CPPFES2048A Receive and dispatch scheduled gaseous fire-extinguishing agents	\$485.00
<input type="checkbox"/>	CPPFES2049A Conduct recovery, reclaim and fill operations for scheduled gaseous fire-extinguishing agents	\$485.00
<input type="checkbox"/>	CPPFES2050A Monitor storage operations for scheduled gaseous fire-extinguishing agents	\$485.00
<input type="checkbox"/>	CPPFES3024A Inspect and maintain portable foam-generating equipment	\$385.00
<input type="checkbox"/>	CPPFES3042A Install and commission pre-engineered fire-suppression systems	\$485.00
<input type="checkbox"/>	CPPFES3044A Interpret installation requirements for gaseous fire-suppression systems	\$485.00
<input type="checkbox"/>	CPPFES3045A Install gaseous agent containers and actuators	\$485.00
<input type="checkbox"/>	CPPFES3046A Decommission gaseous agent containers and actuators	\$485.00

Fee calculations. These fees are GST free

Record the Total Amount for all subjects you have selected here. Discounts are available for FPA Australia members. See over page for details .	\$
To assist with calculating membership discounts (page 5) record the number of subjects you have selected here.	

Membership discounts

Associate Membership	\$10.00 per subject x ____ subjects	Discount \$
Individual Membership	\$15.00 per subject x ____ subjects	Discount \$
Bronze Membership	\$20.00 per subject x ____ subjects	Discount \$
Silver Membership	\$25.00 per subject x ____ subjects	Discount \$
Gold Membership	\$30.00 per subject x ____ subjects	Discount \$
Platinum Membership	\$35.00 per subject x ____ subjects	Discount \$
Membership Vouchers & Other Discounts		Discount \$

Record the **Total Amount** (previous page) minus the **Discount** here. This is the amount you will pay for enrolment and assessment of your selected subjects or qualification.

\$
Deposit
\$1000.00
Outstanding Balance
\$

Payment of a \$1000.00 deposit is required where fees amount to greater than this, 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 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: _____