

## 2008 Student Enrolment Form

Course in Design, Installation, Use and Maintenance of Beverage Gas Systems  
NTIS Code: 91391NSW

Please select the units you are enrolling in:

- BGS 1 - Beverage gas systems safety
- BGS 2 - Design beverage gas systems
- BGS 3 - Install, test and certify beverage gas systems
- BGS 4 - Operate beverage gas manifolds and piping systems
- BGS 5 - Inspect and maintain beverage gas systems

### Student Details

Title:  Mr  Mrs  Ms  Miss  Other

Surname: ..... Given Name: .....

Residential Address: .....

Phone (home): ..... Phone (mobile): .....

Phone (work): ..... Email: .....

### Emergency Details / Next of Kin

Contact Name: ..... Relationship: .....

Phone (work): ..... Phone (mobile): .....

### Language and Cultural Diversity

Do you speak a language other than English at home?  No, English only  Yes, other (please specify) .....

How well do you speak English?  Very well  Well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin?  Yes  No

### Disability / Assistance

Do you have a disability or any special needs which Gas Safety Solutions may be able to address during the course?

- No  Yes

If Yes, please indicate the areas of disability, impairment or long term condition:

Hearing  Learning  Mobility  Vision  Medical Condition

Do you require special assistance?  No  Yes

Do you require special assistance with language and literacy?  No  Yes

### Previous Qualifications Achieved

Have you successfully completed any of the following qualifications?  No..... Yes, (please provide details below)

Please provide field of study:

- Bachelor Degree or higher .....
- Diploma or Associate Diploma .....
- Cert III or Trade Certificate .....
- Certificate I .....
- Adv Diploma or Associate Degree .....
- Cert IV or Adv Cert/Technician .....
- Certificate II .....

Gas Safety Solutions Pty Limited (ABN 69 117 557 427)

PO Box 650 Botany NSW 1455

Tel: (02) 9695 7025 • Fax: 1300 663 495 • Email: support@gassafety.com.au

**Employment**

Of the following categories, which best describes your current employment status?

- Full time employee
- Part time employee
- Self employed – not employing others
- Unemployed
- Employer

**Employer details**

Company Name: .....

Address: .....

.....

Contact Person: .....

Contact Number: ..... Position: .....

*I hereby consent to Gas Safety Solutions Pty Ltd providing my employer with result information, and to provide my employer with copies of Certificates and/or Statements of Attainment (if requested).*

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

**Privacy Statement**

Gas Safety Solutions Pty Ltd (GSS) is committed to protecting the privacy, confidentiality and security of personal information provided by you to us. The information you provide to GSS will be used, where applicable, for educational purposes. By signing the 'employer details' above you agree to GSS releasing this information. GSS is required to release information to other government agencies or authorities for governance, training and statistical purposes. Where you have been asked to provide information, it will only be used for the purposes to which you have consented or for which we may use it as authorised by law.

To request access to your personal information, or if you would like further information please contact The Privacy Officer, on 1300 663 195 or by writing to The Privacy Officer, Gas Safety Solutions Pty Ltd, Po Box 650, Botany NSW 1455.

**Declaration**

I agree to be bound by all Gas Safety Solutions Pty Ltd (GSS) rules and regulations relating to my enrolment in this course. I agree to pay all fees and charges applicable to and arising from this enrolment and acknowledge that my participation in this course is subject to the right of GSS to cancel or amalgamate courses or classes.

I authorise GSS or its agent in the event of illness or accident during a course related, GSS organised activity, and where next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost. I confirm that I have been informed about RPL options at GSS and also about support services that I can access while I am an enrolled student. I also confirm that I have been informed about a range of GSS procedures that may impact on me during my time as a student of GSS.

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

**Payment Details**

Please select a payment option:

- Credit Card - please complete credit card details below (3% surcharge applies) ....  Cheque/Money order - enclosed
- Employer to pay upon receipt of invoice - invoice will be sent to employer provided above

**Credit Card Details**

Card type:  MasterCard  VISA

Card number: .....

Card holder's name: ..... Expiry date: .....

Card holder's signature: ..... Date: .....