



Course Training Enrolment Form

NeuResource Group delivers all our accredited programs under an auspice arrangement with Managerial Resource Training (MRT) (RTO 51680). All qualifications and certificates are issued by Managerial Resource Training. MRT is a Registered Training Organisation (RTO51680), enlisted by the National Training Authority to deliver training programs. A requirement of all RTO's is to collect and report all nationally recognised training to the National VET Provider Collection managed by NCVET. Therefore, all course applicants must provide the following information for administrative and statistical purposes. All information collected will be held, stored and managed in accordance with the Australian Privacy Principles (APPs) and will be regarded as confidential, by NeuResource Group and MRT, and will not, except when required by Australian law or a court/tribunal order, be sold or forwarded to any other commercial or government organisations.

HEAD OFFICE:
Suite 301-302
131 Wickham Tce
Spring Hill Qld 4000

T: 1800 704 320
E: info@neuresourcegroup.com.au

Invoice to be sent to: Employer
Participant
Other (please state)
Course Date:

Course Title: Course Location:

Study reason: To get a job to develop my existing business Cost:
to start my own business to try a different career
job requirement extra skills for my job Payment Option (Diploma NSL only)
personal interest/self development to get into another course Full fees - companies
other Instalment
Monthly payment plan

Employment details

Legal Company Name + ABN: Business Address:

Work email: Work phone:

Employment Status: Full-time employment Part-time employment Occupation:
Self-Employed (no staff) Employer (staff)
Other (please state)

Training Coordinator/Contact (if applicable): Email:

Phone:

Personal Information: *Please note this needs to be personal participant information, not Company details*

Surname: Given names:

Date of birth: Gender: Male USI:
Female

Personal Mobile: Home phone:

Personal email:

What is the address of your usual residence (street number and name required) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home

Full Postal Address:

Full Street Address:

Your Country of Birth:

Your Citizenship Status:

Main language spoken at home:

Indigenous Status:

Yes, Aboriginal
Yes, Torres Straight Islander
Yes, Aboriginal AND Torres Straight Islander
No, neither Aboriginal or Torres Straight Islander

Do you consider yourself to have a disability, impairment or long-term condition that may affect your participation in this course?

Please check the appropriate box/es

Hearing/deaf
Learning
Acquired Brain impairment
Physical
Mental Illness
Medical condition
Intellectual
Vision
Other

No

Yes (please check an appropriate box to provide further details)

Computer Proficiency:

Do you have any Language, Literacy or Numeracy concerns that may affect your learning.

Very Well

No Yes

Well

Not Well

Not at all

EDUCATION

Your highest level of secondary education:

Year highest level achieved: (YYYY)

Are you still attending secondary school?

Yes No

Since completing school, have you completed or partially completed any qualifications?

Bachelor or Higher Degree

Diploma or Associate Diploma

Advanced Diploma or Associate Degree

No

Yes (please indicate below)

Certificate I

Certificate II

Certificate III or Trade Certificate

Certificate IV

Emergency Contact Details

Contact Name:

Relationship:

Phone:

HOW DID YOU FIND OUT ABOUT THIS COURSE:

Website

Enrolled by employer

Print media

Email

Mailing List

Word of Mouth

Other

PAYMENT:

Payment is due with all enrolments into public courses to secure the place in the course. Purchase Orders will not be accepted for individual enrolments. We will accept a purchase order for more than 3 enrolments into any one course, however, a 20% deposit must be paid by credit card to accept the enrolment.

Please complete the Enrolment Form with payment details and email to info@neuresourcegroup.com.au.

We will email you an invoice and full details of the course upon receipt of your enrolment application. Please ensure that you have read the Course Outline and Participant Handbook and that your employer supports your registration (where applicable) by signing and dating the form. NeuResource Group reserves the right to cancel this course should there be insufficient numbers of enrolments. In the event that a course is cancelled, all persons will be notified and any prepaid registration fees will be refunded in full, providing the participant does not want to move to another scheduled date. Please refer to your Participant Handbook for information about withdrawing or deferring from your enrolled Course.

Course Cancellation Policy: If you need to withdraw your enrolment NeuResource Group must be notified in writing to accounts@neuresourcegroup.com.au. All terms and conditions of cancellation are contained in the Participant Handbook. The following cancellation fees will apply:

If cancellation is received between 10 and 5 working days prior to the commencement of your course 25% of the full course fee will be invoiced as a cancellation fee.

If cancellation is received less than five (5) working days prior to course commencement, participants do not attend required training, or withdraw at any point after commencement of the course, full course fees will be payable.

I acknowledge that I have read the NeuResource Group Participant Handbook and accept all terms and conditions of enrolment.

Please tick to acknowledge acceptance of all terms and conditions of enrolment and sign. Signature:

Direct Credit - Electronic Fund Transfer

Account Name: NeuResource Group
Bank Details: Commonwealth Bank
BSB: 064-012 Account: 1026 5266
Reference: your full name

Credit Card - Visa or Mastercard ONLY (we cannot accept American Express or Diners)

Card Holder: _____ Expiry: _____

Card Number: _____ CVN: _____

Payment Amount: _____ Signature: _____

I declare that the information I have provided above is true to the best of my knowledge and agree that NeuResource Group can utilise the information given on this form for research, statistical analysis, program evaluation, post completion surveys and internal management purposes, plus report this information to the appropriate State and Federal Government Authority for the same purpose.

Participant Signature: _____ Date: _____

Employer Signature: _____ Date: _____