



PARTICIPANT REGISTRATION FORM

Youth Plus

Provider No: 31330

CHC42108 Certificate IV in Career Development

Please print all details clearly

VENUE FOR WORKSHOP:

Participant's Name (as required on certificate)

Title: _____ Surname: _____ First Name: _____

School: _____

School Address: _____

_____ Postcode: _____

Home address _____

Phone: _____ Date of Birth _____

Your Email: _____

Highest level of education: _____

Are you Aboriginal/Torres Strait Islander Yes / No (please circle)

What is your country of birth: _____

Special needs in relation to training/assessment: _____

Special dietary requirements: _____

SET plan Co-ordinator: _____

SET plan Co-ordinators email address: _____

Own laptop to bring to workshop? Yes / No (please circle)

Please direct administrative enquiries to Anne Van-Heer, email training@ereflc.org.au ph. 0419 255 621 or 3327 2238 and course requirement enquiries to your identified trainer

SUITABILITY QUESTIONS

Answers to the following question will enable trainers to ensure that the delivery and assessment process is suitable to your needs:

- Are you currently working as a Career Guidance Officer or Careers Counsellor? _____
- Have you completed a Certificate IV in Training and Assessment (TAA40104)? _____
- How many years of teaching experience do you have? _____
- Are you involved with SET planning in a secondary school or educational institution? _____
- Are you able to bring the required documents to gain RPL _____
(Non submission of documents and 3rd party report will result in a Statement of Attainment only)

Enrolment is completed only when full payment is received and this registration form is returned by mail to: Anne Van-Heer, Edmund Rice Education Australia – Flexible Learning Centre Network, PO Box 923, Indooroopilly, 4068

A confirmation of registration email will be sent on receipt of both full payment and the completed registration form. The non- refundable period is 2 weeks prior to the commencement of the workshop. If your nominated payment option is credit card, your details will be processed at this time.

**Payment details – Enrolment will not be confirmed without the information below.
CHC42108 – Cert IV Career Development – Cost \$1000**

Payment Options/ Tax Invoice ABN: 38 961 317 851

Please tick to choose payment method

<input type="checkbox"/> Payment by Cheque	<input type="checkbox"/> Payment by EFT
<ol style="list-style-type: none"> Complete the Registration Form and Tax Invoice details and attach cheque. Retain a copy for your records Cheques should be made payable to: YOUTH + Registration Form & cheque should be addressed and posted to : Anne Ripper YOUTH +. PO Box 923, Indooroopilly, 4068. 	<p>Bank Name: Commonwealth Bank of Australia Account Name: Edmund Rice Education Australia – Flexible Learning Centre Network. BSB: 064 786 Account No: 244436002 Reference: Your school name and date of course (ddmm)</p> <p>Complete and mail the registration form to secure your place and ensure payment is made before the workshop.</p>

Payment by Visa or Master Card

Account/ Cardholder name (please print)

Mastercard
 Visa Card

Authorised by- If different to above (Please print)
 Total amount payable
Expiry date of card

	\$	
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Signature

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Upon Payment this document will become a tax invoice. A photocopy should be kept for your records.

MODIFICATION HISTORY

Jan 2010 V2

- Removed course information section to separate file
- Add credit card and EFT facilities.
- Changing registration form to be used as a tax invoice.

Nov 2010 V2.1

- Remove cancellation and refund policy and made slight changes to contact details.

May 2011 V2.2

- Update to Youth +