Security Institute Enrolment Form Postal: PO Box 195 TOOWONG DC QLD 4066 Phone: 07 3392 1044 Email: courses@securityinstitute.org ~ Web: www.securityinstitute.org



INSTRUCTIONS

Fill in all sections clearly and carefully by writing in block letters. Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to comply with the Total Vet Activity reporting for RTOs.

I PLEASE SELECT YOUR PREFERRED COL	DKSE(S) OR PACKAGE	& INDICATE	PREFERRED COUP	ISE START DAT	E
Package 1 Inc. Cert II & CIT Firearms (\$1595) Certificate II Preferred date:/ Cash in Transit Firearms Preferred date:/ Package 2 Inc. Cert II, CIT Firearms & Bodyg Certificate II Preferred date:/ Cash in Transit Firearms Preferred date:/ CPP Bodyguard Preferred date:/ Other Short Courses Certificate II in Security Operations (\$650) Certificate II in Security Operations Flexible II Preferred 3 day practical start date/ Certificate III in Security Operations (from \$500) Cash in Transit/Firearms Licensing (\$1095) Close Personal Protection (\$995)/_ PFC Progressive Hand Gun Unit 1-4 (\$1980)	/ suard (\$2490) / 	Security G Crowd Col Cash in Tra Course in Batons an Crowd Col (inc: Mana open hand Crowd Col First Aid o Firearms F Note: you	us & Re-Qualifications uard Firearms (\$995) ntrol up grade only (\$2 ansit Only (\$250) Firearms Safety (\$150; N d Handcuffs (\$170) ntrol Revalidation (\$17 ge conflict through ne techniques) ntrol Revalidation & Fi nly (\$125) Re Qual for H, C & E: (\$ will need to show prod	250)/	ol persons using J/ ries on your licence
2 YOUR PERSONAL DETAILS					
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr					
Family Name	Given Name	es			
,					
Residential Address					
Building Name	Flat/Unit	Details		Street/Lot No _	
Street Name	Suburb/Town		Post Code _	S	tate
Employment Agency Details (if employment	agent is paying for cour	se)			
Company Name	Cont	act Name			
Contact Number	Fmail				
Personal Details					
Date of Birth/	Gender □ Male □	Female	Home Phone (_)	
Work Phone ()	Mobile				
Email Address					
Postal Address (leave blank if same as Reside	ential Address)				
Building Name	Flat/Unit	Details		Street/Lot No _	
Street Name	PO Box		Suburb	/Town	
Post Code State					

Usual Residence Address (leave blank if same a	as Residential Address)					
Building Name	Flat/Unit Details	Street/Lot No				
Street Name	PO Box	Suburb/Town				
Post Code State						
Emergency/Next of Kin Contact Details: Name		Phone				
3 LANGUAGE AND CULTURAL DIVERSITY						
Were you born in Australia? If not, please s	specify country of birth					
Do you speak a language other than English at home? No, English Only (go to disability section) Yes, other – please specify						
How well do you speak English? □ Very W	'ell □Well □Not well □No	et at all				
Are you of aboriginal or Torres Strait Island	er origin? □No □Yes, Abor	riginal ☐Yes, Torres Strait Islander				
4 DISABILITY						
Do you consider that you have a disability, ☐ No disability ☐ Hearing/Deaf ☐ Learning ☐ Mental Illness ☐ Medical condition ☐ Multiple Disabi	☐ Physical ☐ Acquired	Intellectual Brain impairment Uision				
5 EDUCATION						
In which year did you complete the above s Are you still attending secondary school?	leted year 8 or lower leted year 11 school level? Yes No e following qualifications?	☐ Completed year 9 ☐ Completed year 12 Yes (please tick any applicable boxes below) No (go to the Employment section)				
☐ Bachelor Degree of Higher Degree ☐ Advanced Diploma or Associate Degree ☐ Diploma (or Associate Diploma) ☐ Certificate IV (or Advanced Certificate/Tea	☐ Certificat ☐ Certificat					
6 EMPLOYMENT						
Of the following categories, which best des Full-time employee Part-time employee Self employed – not employing others Employer	□ Employe □ Unemplo □ Unemplo	dent status? (Tick ONE box only) d-unpaid worker in a family business byed – seeking part-time byed-seeking full-time work lloyed – not seeking employment				
7 STUDY REASON						
Of the following categories, which best des (Tick ONE box only) ☐ To get a job ☐ To start my own business ☐ To get a better job or promotion	□To develo □To try fo	op my existing business r a different career requirement of my job				
☐ I wanted extra skills for my job		to another course of study				

8 STUDENT AND/OR EMPLOYMENT AGENCY MUST SIGN

Students: I have read and agree to the refund policy and student indemnity agreement on the bottom of this form and agree to be bound by the terms contained in the Code of Practice & Student Handbook which I have received a copy of or have downloaded from the website prior to enrolment (available on our web page at www.securityinstitute.org, also available in hardcopy on request). I declare that I have no mental illness and in the last 5 years, I have not been charged in relation to drug related offences, violence or threatened use of violence and have not been subject to a domestic violence order and do not have any recorded criminal convictions within the last 10 years or unrecorded convictions in the last 5 years that are a disqualifying offence. I also declare (if applying for a Firearms Course) that I am eligible to hold a firearms licence. Employment Agency: I understand that all payments made by the agency on behalf of the 'jobseeker' are subject to the refund policy on the back of this form. I also understand that in the event that the 'jobseeker' does not attend the course or cancels during the course for any reason the full course fee must be paid if the account has not yet been settled.

Agent Signature

Date:

9	PAYMENT METHOD
L.	Select Payment Type ☐ Cash ☐ Money Order ☐ Cheque (Please make cheques payable to Calibre Pty Ltd ☐ Credit Card ☐ *Direct Deposit
2.	Select Amount Paying 50% Deposit required for: Cert II in Sec Ops, Cash in Transit, Firearms & Bodyguard Full Fee required for: Cert II Sec Ops Flexible, Cert III Sec Ops, Security Re-vals, Firearms Re-Quals, First Aid, Firearms Safety & Batons & Handcuffs
3.	If Paying by <i>Credit Card</i> Please include details below:
	Name On Card: Card Expiry Date:/ CCV:(last 3 digits only)
	Amount Paying: \$ (2.2% surcharge applies to Credit Card transactions)
	Card Number:
	Cardholder's Signature:Date:Date:
[*] 4	. If Paying by <i>Direct Deposit</i>
	Please deposit the money into the following account. Description as your name. If Employment Agency is paying please include Invoice # in description. After payment has been processed please send a payment receipt to courses@securityinstitute.org so enrolment can be finalised.
	Acct Name <i>Calibre Pty Ltd</i> BSB: 084 737 ACC: 545 684 107 Amount Deposited \$ Date/

10 REFUND POLICY

Student Signature

Provider Cancellation: Should the organisation cancel any course/training program, students are entitled to a full refund or transfer funds (course credit) to future training. Where a course credit is chosen by the student they will have a period of 6 months to commence training. If they do not commence training or request a refund during this 6 month period where the college has provided opportunities to attend the selected course, the course credit will expire and the student will no longer be eligible for a refund. Student Cancellation: Please view the student handbook at www.securityinstitute.org for more information regarding our refund policy. In the event that the student wishes to cancel their course/training program conditions will apply. Refunds may be negotiated on the basis of personal hardship or sickness upon provision of substantiation of the claim. Students may be eligible for a pro-rata refund which is dependent upon when they informed the college of their intent to cancel in writing. Refund entitlements are calculated from the day the college received the written advice of cancellation and request for refund.

- Course deposits are non-refundable under 14 days before course commencement
- If a student cancels less than 14 days, they may choose to reschedule and all course fees will be held in credit till commencement.
- Cancellation within 14 7 days of date of commencement = 75% refund of the amount paid for the course.
- Cancellation within 6 day before commencement = 50% refund of the amount paid for the course.
- Cancellation the day of commencement no pro-rata refund is available. If the student has extenuating circumstances or unforseen circumstances and those can be validated by documented evidence, a course credit maybe granted and the student may reschedule to commence on the next scheduled course. Example of suitable evidence may include a medical certificate.
- Cancellation during the course: no refund is available on the amount paid. The student will be required if they have not yet done so to pay the balance of their course fees for this course.

STUDENT AGREEMENT & INDEMNITY

IN CONSIDERATION of the Organiser permitting me to participate in the training course I agree with it as follows:

- I UNDERSTAND that participating in any type of training or course or activity may be DANGEROUS and I voluntarily ACCEPT the risk of damage consequent upon or arising from my entry as a student, and the use of the Organiser's facilities.
- I WILL NOT SUE the Organisers for any negligence, tort, breach of contractual or any other legal or equitable rights howsoever caused, and this indemnity will extend to and include any damage arising from my competing in a training and from my use of the Organiser's facilities and I INDEMNIFY the Organisers in respect of the same.
- I WILL abide by the Rules and Regulations of the Organisers as to the training and to the use of the Organiser's facilities and the directions of the Organisers officials including the right to terminate or cancel my training and the use of the Organisers facilities at any time and for any reason.
- THE PERSONAL INFORMATION I have supplied to the Organiser regarding my qualifications, experience and any other matter associated with the training is true and correct and I have READ AND UNDERSTOOD all of the clauses of this agreement before signing the same and before my use of the Organisers facilities or before any competition.
- IN THIS AGREEMENT the following words shall respectively mean: "the Student" the person named as such on this application form on this paper over the page. "the Organiser" the Security Institute (any campus or organisation associated with an Security Institute school or company), the Security Institute Pty Ltd and any teachers, lecturers, instructors, directors, officers, managers, advisors, employees, agents, licensees, sub-contractors, subsidiaries, holding companies, associates and assignees, or any person authorising the use of the competition venue, its directors, officers, managers, advisors, employees, agents, licensees, sub-contractors, subsidiaries, holding companies, associates and assignees or any person or company or person in any way. "the Organiser's facilities" the land and buildings associated with any training or any part of the training, weigh-in, media conference, accommodation or training venue. "use of the Organiser's facilities" the use by the student or his attempted use of the Organiser's facilities whether such use or access is in breach of this agreement or the Organiser's Rules and Regulations or authorised or otherwise and whether intended to be so used or not. "damage" all loss or damage, costs or expenses, whether direct or indirect flowing from any legal liability, claim, demand, right of action, proceedings or judgment of whatever nature and whether arising at law or in equity and whether suffered to the person or property of the Organiser, the Student or any other person or corporation and whether arising out of or consequent upon the negligence of the Organiser, the Student or