



PERSONAL DETAILS

Surname:	
Given name:	
Date of Application:	
Date of Birth:	
Gender :	Female / Male
Residential Address:	
Suburb:	Post Code:
Tel:	
Mobile:	
Email:	

If your employer or another organisation is paying for this course, please provide their details

Company / Organisation:	
Residential Address:	
Suburb:	Post Code:
Contact Person:	
Tel:	
Email:	

COURSE OPTION:

- Option 1: Senior First Aid Certificate (Parts A & B)
- Option 2: Refresher Senior First Aid Certificate (Part B only)
(Please attach a copy of your latest First Aid Qualifications)

PREFERRED COURSE DATES:

All courses delivered on a Wednesday from 2:00pm to 5:00pm

COURSE ID	COURSE PART A	COURSE PART B
FA1	<input type="checkbox"/> February 2	<input type="checkbox"/> February 9
FA2	<input type="checkbox"/> February 16	<input type="checkbox"/> February 23
FA3	<input type="checkbox"/> March 2	<input type="checkbox"/> March 9
FA4	<input type="checkbox"/> March 16	<input type="checkbox"/> March 23
FA5	<input type="checkbox"/> March 30	<input type="checkbox"/> April 6
FA6	<input type="checkbox"/> April 13	<input type="checkbox"/> April 20
FA7	<input type="checkbox"/> April 27	<input type="checkbox"/> May 4
FA8	<input type="checkbox"/> May 11	<input type="checkbox"/> May 18
FA9	<input type="checkbox"/> May 25	<input type="checkbox"/> June 1
FA10	<input type="checkbox"/> June 8	<input type="checkbox"/> June 15
FA11	<input type="checkbox"/> June 22	<input type="checkbox"/> June 29
FA12	<input type="checkbox"/> July 6	<input type="checkbox"/> July 13
FA13	<input type="checkbox"/> July 20	<input type="checkbox"/> July 27
FA14	<input type="checkbox"/> August 3	<input type="checkbox"/> August 10
FA15	<input type="checkbox"/> August 17	<input type="checkbox"/> August 24
FA16	<input type="checkbox"/> August 31	<input type="checkbox"/> September 7
FA 17	<input type="checkbox"/> September 14	<input type="checkbox"/> September 21
FA 18	<input type="checkbox"/> September 28	<input type="checkbox"/> October 5
FA 19	<input type="checkbox"/> October 12	<input type="checkbox"/> October 19
FA 20	<input type="checkbox"/> October 26	<input type="checkbox"/> November 2
FA 21	<input type="checkbox"/> November 9	<input type="checkbox"/> November 16
FA 22	<input type="checkbox"/> November 23	<input type="checkbox"/> November 30
FA 23	<input type="checkbox"/> December 7	<input type="checkbox"/> December 14

NATIONALLY RECOGNISED TRAINING REQUIRED INFORMATION:

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications?

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate /Technician)
- Certificate III (or Trade certificate)
- Certificate II
- Certificate I
- Certificate other than the above
- No, I did not complete any of these qualifications

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (tick ONE box only)

EMPLOYED

- Full-time employee
- Part-time employee
- Self employed - not employing others
- Employer
- Employed - unpaid worker in a family business

UNEMPLOYED

- Unemployed - seeking full-time work
- Unemployed - seeking part-time work

NOT IN THE LABOUR FORCE

- Unemployed - seeking part-time work

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

JOB RELATED

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job

FURTHER STUDY

- To get into another course of study

OTHER

- For personal interest or for self-development
- other reasons



HIGH SCHOOL

Still at School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did not go to school <input type="checkbox"/>		
Highest Completed School Level:	Yr 8 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	Yr 12 <input type="checkbox"/>
What year did you finish the above level?					

LANGUAGE AND CULTURAL DIVERSITY

Are you Aboriginal or Torres Strait Islander?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal			
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander			
Country of Birth				
Main language at home is English?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Main language other than English spoken at home is				
How well do you speak English? (Please circle)				
<input type="checkbox"/> Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

DISABILITY

Do you consider yourself to have a disability, impairment or long term condition? (Tick ONE box only)

None	<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	Other	<input type="checkbox"/>

PAYMENT METHOD

<input type="checkbox"/>	Paid cash on application		
<input type="checkbox"/>	Cheque for \$110 attached		
<input type="checkbox"/>	Bank transfer confirmation for \$110 attached		
<input type="checkbox"/>	Credit Card (3.75% surcharge will apply)		
<input type="checkbox"/>	Master	<input type="checkbox"/>	Visa
Card number:	<input type="text"/>		
Amount paying:	<input type="text"/>		
Expiry date:	<input type="text"/>	CCV#:	<input type="text"/>
<i>(CCV# is the last 3 digits located next to the signature panel on the back of the credit card)</i>			

APPLICATION PROCEDURE

The completed application form together with your payment of \$110.00 should be submitted a minimum of 10 working days prior to the course commencement date to:

The Registrar
Phoenix Academy
PO Box 256, Leederville 6903
Western Australia
Or fax (08) 9227 5540 or email info@phoenixacademy.com.au
Payment details:

Please make cheques payable to Phoenix Academy
OR Bank transfer to Phoenix Academy Trust Account
BSB: 306-058
Account No: 052 903 3
SWIFT CODE: BKWAAU6P
Bank: Bank of Western Australia Ltd,
149, Oxford Street, Leederville 6007, Western Australia

Please use your family name and the course ID as your reference when paying by bank transfer. Eg. Smith FA1

CONDITIONS

Course Attendance: Please be aware that if you are late to your course for any reason and the assessments have commenced, it's regarded as a cancellation and you will need to re-book.

Transfers: We will be pleased to transfer your booking to another date at no cost when we are advised at least 10 working days prior to the course commencement. A transfer fee equal to 25% of the course fee will apply to transfer your booking between 5 and 9 working days prior to course commencement. To transfer your booking less than 5 working days prior to course commencement a transfer fee equal to 100% of the course fee will apply. This transfer fee is inclusive of GST. Please be aware that you are unable to transfer your booking on the day of the course.

Cancellations & Refunds: A full refund will be made if written advice is received a minimum of 10 working days prior to course commencement. Any requests for refunds made in writing between 5 and 9 working days prior to course commencement, will be at the discretion of the Academy. It is regrettable that no refund can be made for cancellations received less than 5 working days prior to course commencement. This cancellation fee is inclusive of GST. Should you be unable to attend, a substitute participant is welcome at no extra charge, please advise our customer service team.

The Academy reserves the right to cancel a course if there are insufficient candidates in which case 100% of fees will be refunded.

Course Pre Requisites: Before you attend the course please ensure you complete online or paper-based workbook. You will be sent this information on enrolment. On the course you will be required to successfully complete a multiple choice paper and practical assessment before receiving your qualification.

Fee Changes: The Academy reserves the right to increase the fees at any time and without notice.

DECLARATION:

By enrolling into this course I accept that I am responsible for any personal injuries sustained during the course and cannot hold Phoenix Academy or Allens Training liable. I have read and agree with the terms and conditions associated with this course. I give my permission to use my records for the purpose of reporting under AVETMISS requirements.

Applicant's signature _____

Date _____