



# Enrolment Form

Under its national reporting obligations **IPS Institute** is required to supply information collected on this form to State or Federal Government agencies for purposes of research, statistics and program evaluations. By signing this form and attesting to the validity of the information supplied, you are agreeing to the supply of this information for the stated purposes. No other disclosure will be made without your consent except as authorised or required by law. You have on request a right of access to personal information we hold about you.

## Qualification Details (Office Use)

**1 Course Title and Code**

**4 Employer** (Please include BRANCH/BUSINESS UNIT)

**5 Employment Start Date**      **6 Fee for Service**  
       No  Yes

**7 New Apprenticeship/Traineeship**  
 No  Yes

## Personal Details

**8 Date of Birth**      **9 Gender**  
       Male  Female

**10 Title** (eg. Mr etc.,)      **11 Surname**  
     

**12 Given Names**

**13 Residential Address** (No. and Street Name, Suburb)  
  
 STATE      P/CODE

**14 Postal Address** (If different from Residential Address)  
  
 STATE      P/CODE

**15 Contact Telephone**      **16 Mobile Phone**  
     

**17 Email Address**

## Employer Details

**Company Name**

**Company Address** (No. and Street Name, Suburb)  
  
 STATE      P/CODE

**Postal Address**  
  
 STATE      P/CODE

**Work Phone**      **Work Fax**  
     

**Contact/Supervisor Name:**      **Mobile**  
     

**Email**

## Employment Status

**18 Which BEST describes your current employment status?**

Full-time employee       Part-time employee  
 Employer       Self-employed  
 Employed (Unpaid family work)       Unemployed (Seeking full-time work)  
 Unemployed (Seeking part-time work)       Unemployed (Not seeking work)

## Education History

**19 Are you still attending secondary school?**       No  Yes

**20 What is your highest COMPLETED school level?**  
 Year 12       Year 11       Year 10       Lower

**21 In which year did you complete that level?**     

**22 Have you successfully completed any of the following qualifications?**       No  Yes, please specify

Bachelor Degree or Higher Degree       Certificate I  
 Advanced Diploma or Associate Diploma       Certificate II  
 Diploma (Or Associate Diploma)       Certificate III  
 Certificate IV (Or Advanced Certificate/Technician)  
 Qualifications other than listed (Please specify below)

## Background Information

**23 Were you born in Australia?**  
 Yes  No, please specify

**24 Do you speak a language other than English at home?**  
 No  Yes, please specify

**25 How well do you speak English?**  
 Very Well       Well       Not Well       Not at All

**26 Are you of Aboriginal or Torres Strait Islander origin?**  
 (For persons of both Aboriginal AND Torres Strait Islander, mark both)  
 No       Yes, Aboriginal       Yes, Torres Strait Islander

**27 Do you consider yourself to have a disability, impairment or long-term condition?**       No  Yes, please specify

Vision       Hearing/Deaf       Physical  
 Intellectual       Learning       Mental Illness  
 Medical Condition       Acquired Brain Impairment  
 Other     

**Signature:**

**Date:** \_\_\_\_\_



# Enrolment Form

## TAE40110 Certificate IV in Training and Assessment

Select 10 units altogether, 7 core units plus 3 elective units

	Course Code & Unit Name	To select please "✓"		
		Apply for RPL	E-Learning	Workshop
	<b>Please choose all 7 Core units</b>			
	TAEASS401A Plan assessment activities and processes	✓		
	TAEASS402A Assess competence	✓		
	TAEASS403A Participate in assessment validation	✓		
	TAEDEL401A Plan, organise and deliver group-based learning	✓		
	TAEDEL402A Plan, organise and facilitate learning in the workplace	✓		
	TAEDES401A Design and develop learning programs	✓		
	TAEDES402A Use training packages and accredited courses to meet client needs	✓		
	<b>Please Leave elective selection blank as electives are assigned based on your current TAA40104 qualification</b>			
	<b>3 electives</b>			
	<b>Assessment</b>			
	TAEASS301A Contribute to assessment			
	TAEASS502A Design and develop assessment tools			
	<b>Delivery and facilitation</b>			
	TAEDEL301A Provide work skill instruction			
	TAEDEL403A Coordinate and facilitate distance-based learning			
	TAEDEL404A Mentor in the workplace			
	TAEDEL501A Facilitate e-learning			
	<b>Language, literacy and numeracy</b>			
	TAELLN401A Address adult language, literacy and numeracy skills			
	<b>Training advisory services</b>			
	TAETAS401A Maintain training and assessment information			
	<b>Imported units</b>			
	BSBAUD402B Participate in a quality audit			
	BSBCMM401A Make a presentation			
	BSBLED401A Develop teams and individuals			
	BSBMKG413A Promote products and services			
	BSBREL402A Build client relationships and business networks			
	BSBRES401A Analyse and present research information			

Comments:

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Signature:	Date:
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**IPS Contact:** \_\_\_\_\_

**Office Use Only:**

RPL Number  
 Documents attached Y/N  
 Candidate advised Y/N  
 Certificate No .....

