



Safecity Training Academy

Safecity Training Academy is a Division of Safecity Services Pty. Ltd.

ABN 11 055 464 581 Master Licence #403546788

Post Office Box 177 OBERON NSW 2787

APPLICATION FORM PART A

Preferred First Name _____ Birth date _____ Sex []M []F

Please write your full name, including ALL middle names. (Use clear BLOCK LETTERS)

Full Name _____
First Name Middle Names Last/Family Name

Address where you want mail to be sent _____

City _____ State _____ Post Code _____

Address where you live _____

Occupation _____

Trade _____

Phone number () _____ hm/wk Phone number () _____ hm/wk

Fax number () _____ hm/wk Mobile number () _____ hm/wk

E-Mail Address _____

I am enrolling in the following courses

_____ Course Name (Page 4)

_____ Course Name (Page 4)

Where did you hear about Safecity or Safecity's Courses? Please be specific.

List ONE form of photographic ID (eg Drivers Licence).

ID Type	ID #	ID Sighted (Instructor to sign)
_____	_____	_____

Please attach: [] a passport photograph - this will be printed on the back of your certificate

[] a copy of your ID - this will be checked by the instructor

SAFECITY TRAINING ACADEMY - APPLICATION FORM PART B

Personal Information

1. During this course you may be asked to participate in role plays which could involve:

- a. conflict resolution skills
- b. some body contact with other participants and the lecturers

Do you clearly understand the meaning of points 1(a&b)? _____

2. Do you suffer from any physical or mental disability that may affect your participation in this course? _____

3. Is English your first language?

- Yes
- No - But I can speak, read and write English fluently
- No - I have problems understanding English.

4. Do you have any difficulty with literacy or numeracy? _____

5. Briefly describe your role and your responsibilities in the workplace (*if not employed please write seeking employment*)

6. Tell us which trade interests you (*eg: Security Industry, Hospitality*)

7. Have you conducted training sessions previously?

- Extensively
- Occasionally
- Once
- No – that is why I am doing this course

8. What motivated you to enrol in this course?

- Personal Development
- Workplace Requirement
- I want to learn to train others
- I need the qualification for other studies
- To advance my job opportunities
- It will help me find a job

9. Describe your personal communication skills

- I am comfortable and enjoy speaking in front of others
- I don't enjoy public speaking but I can do it
- I need your help on this topic

10. What are your expectations from this course?

11. Why have you chosen this mode of course delivery (via Distance)?

12. How will you be submitting your work ?

(Distance only - Leave blank if doing face-to-face)

- E-Mail Mail / Post Fax

To the Directors of Safecity Training Academy,

I have answered all questions truthfully to the best of my knowledge. I would like to enrol in the programs listed on the front of this form.

Signed at (place) _____

on (date) _____ Signature _____

Mail this form to: Safecity Training Academy — Thank you.

Post Office Box 177 OBERON NSW 2787 Phone: 02-6335 5216 Fax: 02-6335 5229

E-mail: academy@safecity.com.au

<http://www.safecity.com.au>

HAVE YOU REMEMBERED TO ATTACH YOUR PASSPORT PHOTO, COPY OF YOUR IDENTIFICATION AND ANY RELEVANT CERTIFICATES?

PAYMENT DETAILS

I have enclosed my payment of \$_____ being payment in full for my course fees.
When my course fees are paid in full, you will confirm my enrolment and send me the course manual.

PLEASE NOTE - If you intend on paying by credit card, contact the instructor to arrange for credit card facilities.

I am paying by Money order Direct Deposit Cheque Credit Card

Please charge \$_____ to my :

MasterCard Bankcard Visa Diners Amex

Card No. _____ Expiry _____

Name on Card _____ Signature _____

Card Verification Number (CVN) - (printed number in signature area on back of card) _____

Bank account details for direct deposit:

St George Bank

Account Name: Safecity Services Pty Ltd

BSB: 112879

Account number: 027162376

Qualifications Offered in Workplace Training via Distance Education

Please Note: If you elect to study the Certificate IV in Assessment and Workplace Training, you will get the Train Small Groups and Workplace Assessor Qualifications included in the cost. Completion of one of these course packages will include a quality text book from Tertiary Press.

I want to enrol in the following course(s).

- BSZ404A Train Small Groups \$350
- BSZ401A, BSZ402A, BSZ403A Workplace Assessor \$350
- BSZ40198 Certificate IV in Assessment and Workplace Training \$600
- BSZ40198 Certificate IV in Assessment and Workplace Training (with Train Small Groups as RPL - send copy of certificate) \$450
- BSZ40198 Certificate IV in Assessment and Workplace Training (with Assessor components as RPL - send copy of certificate) \$450

Recognition of Current Competency Only

- BSZ404A Train Small Groups \$250
- BSZ401A, BSZ402A, BSZ403A Workplace Assessor \$250
- BSZ40198 Certificate IV in Assessing and Workplace Training \$350