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| 1 Personal Details  Title |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr  Mrs  Miss  Ms  Other | | | | | | | | | | | | | | |  | | | | Date of Birth | | | | | | | | | | |  | | | / |  | / |  |  |
|  | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | | | | | | | | Middle name | | | | | | |  | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unique Student Identifier (USI) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | | |  |  |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | State | | |  | | | | | Postcode | |  | | | | | |
| Postal address (if different) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | State | |  | | | | Postcode | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home phone no. | ( |  | | | | ) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency contact | Name: | | | |  | | | | | | | | | | | | | Email: | | |  | | | | | | | | | | | | | | | | |
| Phone: | | | |  | | | | | | | | | | | | | Address: | | |  | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 Employment Details  Which of the following best describes your current employment? | | | | | | Full time  Part time  Self employed  Employer  Employed (unpaid)  Unemployed (seeking work)  Unemployed (not seeking) | | | | | | | | | |
| Employer name | |  | | | | | | | | | | | |  | |
| Worksite address | |  | | | | | | | | | | | |
|  | | | | | | State |  | | | Postcode |  |
|  | |  | | | | | | | | | | | |
| Phone No. | | ( |  | ) |  | | | | | | | | |
| 3 Photographic Identification | | | | | | | | | | |  | | | | |
| **QMRS representative use only**  Has the identification been sighted?  Yes  No  Initials | | | |  |
| Type Drivers Licence  Passport  ‘18 Plus’ Card  Other | | | | | | |  | | |  |
|  | | |  |
| Number |  | | | | | | | | |  |

4 Language and Cultural Diversity

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you of Aboriginal descent?  Are you of Torres Strait Islander descent?  Were you born in Australia?  Is English your first language?  How well do you speak English?  5 Disability | | | | | Yes  No  Yes  No | | | | | | |
| Yes  No If not, where: |  | | | |  | |
|  | | | | | | |
| Yes  No If No, specify other language: | |  | | |  | |
| Very Well  Well  Not Well  Not at all | | | | | | |
| Do you consider yourself to have a disability, impairment or long term condition?  Yes  No  Acquired Brain Impairment  Medical Condition  Intellectual  Hearing / Deaf  Mental Illness  Physical  Learning  Vision  6 Education | | | | | | | | | | | |
| Are you still at secondary school?  Yes  No In which year did you complete school? | | | | | | | |  |  | | |
| What is your highest completed school level?  Completed Year 12  Completed Year 9 or equivalent  Completed Year 11  Completed Year 8 or lower  Completed Year 10  Did not go to school  Have you successfully completed any of the following?  Yes  No  Bachelor Degree or Higher Degree  Certificate III (or Trade Certificate)  Advanced Diploma or Associate Degree  Certificate II  Diploma (or Associate Diploma)  Certificate I  Certificate IV (or Advanced Certificate/Technician  Other (e.g. overseas qualifications)  7 Enter details of prior qualifications and mining experience below (*Attach additional sheets if required*) | | | | | | | | | | | |
|  | **Mine sites you have worked at** | |  | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | **Positions held** |  | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | **Number of years in mining industry** | | |  | | | | | | |  |

8 Enter the reason for undertaking this training

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  For personal interest or self development

To get into another course of study  Other reasons

To get skills for community/voluntary work

9 Training to be undertaken

* RIIENV301E Conduct atmospheric monitoring

10 Refund Policy

Applicants will receive a full refund of fees paid and waiver of administration charges (if applicable) in the following circumstances:

* the course is cancelled
* a student is not given a place due to the class being full.

Enrolments that exceed available resources to deliver the training, the applicants will be contacted and provided with the following options:

* to be placed on a waiting list and given first option when a vacancy arises
* the enrolment can be cancelled and, if fees have been paid, a full refund of fees will be given.

Generally, no refund will be given once the applicant reaches 4 business days before course commencement. However, in some instances the applicant may be able to receive a pro rata refund for unavoidable circumstances at the discretion of the QMRS CEO.

Procedure for Applying for Refund

To cancel and apply for a full refund, applicants are to email enquiry@qmrs.com.au at least 5 business days of the course commencement date.

Course Dates: ………………………………………………………………………….

Where held: ………………………………………………………………………….

(Blackwater or Dysart Station)

Student Rights and Responsibilities

Performance Training respects your right to be treated fairly, and to learn in an environment free from discrimination and racial, sexual or other harassment.

**Student Rights**

You have the right to:

* + be treated fairly and with respect
  + learn in a supportive and safe environment, free of discrimination and harassment
  + have personal records kept private, subject to statutory requirements
  + have access to your personal records on request
  + be given information about assessment requirements at the beginning of study
  + have your existing skills and knowledge recognised (Recognition of Prior Learning - RPL)
  + receive feedback on your academic progress
  + appeal academic or procedural matters
  + respectfully challenge directions or decisions if they appear to be unlawful or endanger your or another person’s health or safety
  + have access to counseling and support services.
  + have complaints dealt with fairly, promptly, confidentially and without retribution.

**Student Responsibilities**

When communicating or interacting with Performance Training staff, your employer or fellow students, you must:

* + make true statements in regard to your student status, representation and entitlements
  + treat all people with respect and fairness
  + show respect for others by not using obscenities or making offensive gestures
  + not do anything that could offend, embarrass, threaten, bully, harass or disrupt others in the performance of their duties or studies
  + not possess, drugs, alcohol, weapons or be under the influence of drugs or alcohol
  + respect and not damage or steal property of other persons
  + follow all safety practices required and follow directions, written or spoken
  + report bullying, intimidation, discrimination, violence, abuse of power and harassment so that the appropriate action can be taken

Declaration

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Yes**  **No**  **Yes**  **No** | I authorise Performance Training to upload a copy of my qualification to my myQMRS Documents Folder. I understand my employer and QMRS may access my qualification from this folder.  I authorise Performance Training to apply for a Unique Student Identifier (USI) on my behalf and to access VET records to identify pre-requisite or credit transfers relevant to this qualification.  If you require Performance Training to raise your USI, please write the town/city of your birth below. | | | | |  |
|  | Your town/city of birth is: |  | | | |  |
| **Yes**  **No**  **Yes**  **No** | I consent to the information in this form being provided to State and Commonwealth agencies for administrative, regulatory or research purposes.  I understand that I may receive a NCVER student survey from an NCVER employee, agent or third party contractor and that I can opt out of the survey at the time of being contacted. | | | | |  |
| Student Signature |  | |  | Date |  |  |
| *I certify that all detail provided on this form are true and correct.* | |  |

**Please return this form to enquiry@qmrs.com.au**