

Non Accredited Application Form

Qualification Code: SWP

Qualification Title: Safe Working Practice

RTO Code: 21098

PREVIOUS ENROLMENT

Have you ever enrolled at NECA Education and Careers Before? No

PERSONAL DETAILS

Title:	Mr
First Name:	James
Surname:	Witika
Known By:	
Gender:	Male
Date of Birth:	01 May 1978
Address:	123 Test Street
Suburb:	Melbourne
State:	Victoria
Postcode:	3000
Postal Address	Same as above
Home Phone:	(03) 1234 5678
Mobile:	0412-345-678
Email:	james@jameswitika.com

EMERGENCY CONTACT

First Name:	Test
Surname:	Witika
Number:	1234567890
Relationship:	Tester

WOULD YOU DESCRIBE YOURSELF AS BELONGING TO ANY OF THE FOLLOWING COHORTS

Would you describe yourself as belonging to any of the following cohorts?	AS RW HS
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ALL STUDENTS MUST READ, SIGN AND DATE

PRIVACY DECLARATION -

The information being sought in this form is collected for the purposes of processing your enrolment application. The information will be held by NECA Education & Careers and may be accessed and used by people employed or engaged by NECA Education & Careers in the delivery of services to you. The information may be used or

[YES] disclosed to organizations outside NECA Education & Careers where permitted by relevant Privacy Legislation.

The provision of the information is voluntary, however if this information is not provided NECA Education & Careers may be unable to process your enrolment application. You have a right of access to, and correction of, your personal information in accordance with the Privacy Legislation and NECA Education & Careers' Privacy Policy. Please direct any enquiries you may have in relation to this matter to NECA Education & Careers Privacy Officer.

☐ I have read and agree to the Fees, Charges and Policy Guide

☐ I have read and agree to the Refund Policy

Name:

Signature:

Date:

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