

Enrolment Form

Qualification:											
Course Delivery:	<input type="checkbox"/> Online <input type="checkbox"/> Workbooks										
PERSONAL DETAILS (Your name must be as per your legal identification)											
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:					Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X				
First Name:						Surname:					
Phone:						Date of Birth:					
Email:											
Address:											
Suburb:					State:			Postcode:			
Mailing Address											
Are you still in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		School:					LUI number:			
Contact Person Name & Number:											
IDENTIFICATION											
Unique Student Identifier (USI)											
Intercept Group Pty Ltd is required to verify your USI upon enrolment. Create one now at www.usi.gov.au											
Your USI:											Have a USI but can't remember it? Sign here for AEI to locate it: _____
Proof of Identification											
You must include a certified copy of one of the below forms of ID with your enrolment form. (Please tick)											
<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Passport <input type="checkbox"/> Photo Card <input type="checkbox"/> Medicare Card <input type="checkbox"/> Birth Certificate											
ENTRY REQUIREMENTS											
To enrol into to this course, you must:											
<ul style="list-style-type: none"> • be 15 years or over at the time of enrolment • have appropriate level of physical stamina, strength agility and coordination • Complete the LLN quiz and have adequate Language and literacy skills (attached) 											
I understand that in order to complete this course I will need to: (please tick)											
<input type="checkbox"/> Own or have access to at least 3 different calm, consistent and reliable horses <input type="checkbox"/> Own or have access to a printer and a scanner <input type="checkbox"/> Own or have access to a device with recording capabilities (e.g. smart phone)											
I have read and understood the Health, Safety & Welfare Responsibilities of Participants and the student handbook located at www.horsecourse.com.au											
HLTAID003 PROVIDE FIRST AID											
HLTAID003 Provide First Aid is a requirement of this course. If you already hold a valid HLTAID003 please talk to the AEI team regarding a credit transfer. If you do not have this, you will need to complete it with your local Training Provider.											
PAYMENT DETAILS (please write clearly)											
Payment Amount \$	_____				Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa					
Card Number:	_____				Expiry Date:	___/___/___		CCV:	_____		
Cardholder Name:	_____										
Cardholder Signature:	_____				Date:	___/___/___					

PERSONAL INFORMATION			
Employment Status			
<input type="checkbox"/> Full-Time Employee <input type="checkbox"/> Employed – Unpaid Worker in Family Business <input type="checkbox"/> Part-Time Employee <input type="checkbox"/> Unemployed – Seeking Full-Time Work		<input type="checkbox"/> Self-Employed (Not Employing Others) <input type="checkbox"/> Unemployed – Seeking Part-Time Work <input type="checkbox"/> Employer <input type="checkbox"/> Not Employed – Not Seeking Employment	
Are you receiving any of the below allowances? (tick all/any that apply)			
<input type="checkbox"/> JobSeeker <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment (Single only) <input type="checkbox"/> Family Tax Benefit Part A (Max Rate) <input type="checkbox"/> Carer Payment		<input type="checkbox"/> Wife Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Veterans' Affairs Pensions or CES <input type="checkbox"/> Widow Allowance or Widow B Pension <input type="checkbox"/> Exceptional Circumstance Relief <input type="checkbox"/> Age Pension
Citizenship			
Country of birth:		Town of birth:	
Citizenship status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other _____		
Indigenous Status			
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
Language and Literacy			
Is English your First Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Minimal <input type="checkbox"/> Not at all
Education			
What is your highest level of schooling education COMPLETED?			
<input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 8 or Below <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year _____ Year completed:			
Disability Status			
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to D			
Disability, Impairment or Long-Term Condition:			
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Not Specified	
<input type="checkbox"/> Other: _____			
Training – Have you completed any qualifications / other courses			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please tick all that apply below.			
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Diploma/Advanced Diploma	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters/Doctorate	
		<input type="checkbox"/> Post Grad	
Which of the following best describe your reason for enrolling in this course?			
<input type="checkbox"/> Personal Interest	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To develop my existing business	
<input type="checkbox"/> To get a job	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To try another career	
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> Self-Development	
<input type="checkbox"/> To get skills for volunteer work	<input type="checkbox"/> To get into a course of study	<input type="checkbox"/> Other Reason	

STUDENT ENROLMENT AND POLICY ACCEPTANCE DECLARATION

I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Intercept Group Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information. All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation prior to commencement, please contact us.

STUDENT HANDBOOK – I understand that the following terms and conditions and the Intercept Policies can be found in the Student Handbook. This is located at www.horsecourse.com.au

HEALTH, SAFETY AND WELFARE RESPONSIBILITIES OF PARTICIPANTS – I understand that the terms and conditions and the Intercept/AEI Policies can be found in the Health, Safety & Welfare Responsibilities of Participants. This is located at www.horsecourse.com.au All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

PRIVACY - The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact Director of Intercept Group Pty Ltd

PRIVACY NOTICE - Under the Data Provision Requirements 2012, Intercept Group Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by [insert RTO name] for statistical, administrative, regulatory and research purposes. Intercept Group Pty Ltd may disclose your personal information for these purposes to: • Commonwealth and State or Territory government departments and authorised agencies; and NCVER. Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes: • populating authenticated VET transcripts; • facilitating statistics and research relating to education, including surveys and data linkage; • pre-populating RTO student enrolment forms; • understanding how the VET market operates, for policy, workforce planning and consumer information; and • administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

UNIQUE STUDENT IDENTIFIER (USI) – I authorise Intercept Group Pty Ltd to apply and/or retrieve pursuant to sub section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf and/or verify. I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice>

COURSE FEES PAID IN ADVANCE - Intercept Group Pty Ltd requires a minimum deposit, which will not exceed \$1,500 per individual prior to course commencement. If the full course fees are below \$1,500, the full fee may be required prior to course commencement.

REFUND POLICY - Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. For a full copy of the Refund Policy visit our website or contact us.

COLLECTION FEES - By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.

TRAINING GUARANTEE - Intercept Group Pty Ltd will guarantee to complete all training and/ or assessment once the student has commenced study in their chosen qualification or course. If a student wishes to postpone or defer their enrolment with notification, the Training Guarantee enables the student to return to complete their studies within 6 months from the initial course date. If the student completes the withdrawal form notifying the RTO that they wish to withdraw, the guarantee ceases.

ENROLMENT & SELECTION – The student is responsible for notifying the RTO if they have a medical condition or disability or require assistance in undertaking learning activity or assessment. Requests for the student to transfer or credit their course placement due to changed personal circumstances will be considered and every effort will be made to ensure a placement into an alternative course. The RTO reserves the right to decline admission to a course, terminate a student's enrolment or change a course or tutor at any time without notice.

WORK HEALTH & SAFETY – Intercept Group Pty Ltd is committed to providing and maintaining a safe and healthy environment for the benefit of all clients, visitors and employees. It is important that adherence to all legislative acts and regulations are observed while undertaking training. If students have any concerns or notice a condition or practice that seems unsafe, it is important to bring this to RTO Management's attention.

I declare that I have read, understood, and agree with the above

Student Name:			
Student Signature:		Date:	
If the student is under 18 years old at the time of enrolment, a parent or guardian must sign:			
Name:		Signature:	Date:

Liability Waiver Form

Exclusion of Certain Rights to Sue

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant acknowledges the terms and conditions of this agreement. By signing this form, you waive your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Services, noted below, is required to ensure that the Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider:

Australian Equine Institute - Level 1, 86 Pacific Hwy, Tuggerah NSW 2259

The Participant acknowledges that the activity being undertaken is for the purposes of recreation, enjoyment or leisure which involves a degree of physical risk.

The Participant hereby acknowledges that in participating in the training activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledge that the purpose of the activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people / animals in his or her care and control.

Description of Services:

Horse riding and handling undertaken through completion of the ACM20217 Certificate II in Horse care and/or ACM30817 Certificate III in Performance Horse. Steps taken by Australian Equine Institute to reduce the danger of personal injury or death:

1. Providing education to participants in the safe conduct of their activities.
2. Implementation of a risk management approach to events carried out as part of the qualification
3. Supervision required for all practical tasks
4. Implementation of the rules and regulations as agreed by the company

The Participant acknowledges that during all times while he or she is attending the activity, he or she does so at his or her own risk, and that the Participant, and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and Signature

By signing this agreement, I/we understand that the Services, as set out in this form, may cause my/us and or my/our dependents personal injury or death. By signing this agreement I/we understand that I/we and my/our dependents waive our rights to sue the Provider for losses relating to my/us and or my/our dependents personal injury or death that result from any negligence caused by the Provider

Name:		Signature:		Date:	
If the student is under 18 at the time of enrolment, Parent or Guardian must sign below:					
Name:		Signature:		Date:	

HORSE IDENTIFICATION AND ASSESSMENT FORM

This qualification will require you to have access to at least 3 different calm, consistent and reliable horses. You must complete the form in full to confirm the suitability of the horse for the purpose of study.

Student Name:								
HORSE 1								
Horse 1 Name:								
Horse Colour:		Horse Height:						
Address at which the horse is kept:								
Property Induction Code (PIC)								
HORSE 2								
Horse 2 Name:								
Horse Colour:		Horse Height:						
Address at which the horse is kept:								
Property Induction Code (PIC)								
HORSE 3								
Horse 3 Name:								
Horse Colour:		Horse Height:						
Address at which the horse is kept:								
Property Induction Code (PIC)								
Identify if the horse has any of the below:			Horse 1		Horse 2		Horse 3	
Illness and Disease			Yes	No	Yes	No	Yes	No
Excessive or coloured nasal discharge								
Excessive weeping from the eyes								
Ongoing or excessive cough								
Signs of respiratory distress								
Pass the hydration pinch test								
Signs of fatigue or lethargy								
Lack of co-ordination								
Unexplained shivering/shaking								

Injury or Potential for Injury		Yes	No	Yes	No	Yes	No				
Horse showing signs of lameness											
Open wounds visible on horse											
Noticeable swelling present in joints											
Visible signs of eye trauma/injury											
Condition of hooves satisfactory											
Does the horse exhibit any of the below signs of aggression?		Yes	No	Yes	No	Yes	No				
Teeth barred											
Biting at handler											
Ears pinned flat back											
Tailing swishing in aggression											
Hind legs kicking out											
NOTES											
STUDENT DECLARATION											
I have completed the form accurately and, in my opinion, the three horses do not pose any unacceptable risks for their involvement in the qualification.											
Student Name:											
Student Signature:					Date:						
PARENT/GUARDIAN DECLARATION											
<i>If the student is under 18 years of age at the time of enrolment, the below must be completed.</i>											
I have completed the form accurately and, in my opinion, the three horses do not pose any unacceptable risks for their involvement in the qualification.											
Name:				Signature:				Date:			
TRAINER DECLARATION & RESULT											
Based on the information provided by the student. The following result has been confirmed for each horse and the student has been advised.											
Horse 1		Horse 2		Horse 3							
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		<input type="checkbox"/> Accepted <input type="checkbox"/> Declined							
Trainer/Assessor Name:											
Trainer/Assessor Signature:					Date:						

3. Read the story below and provide short answers to the questions that follow

Candice completed school at the age of seventeen and wanted a job that would allow her to work in many countries. Candice is now nineteen years of age and is considering a hairdressing career.

Candice has always been very fashion conscious and is fascinated by the way a different hairstyle can completely change a person's personality. Candice often experiments on her little sister's hair but is limited by her hairdressing skills.

Candice would like to do a hairdressing course to get a job so she can save money to travel overseas for a working holiday. With the right qualifications and experience Candice hopes to travel for several years before returning to Australia. When Candice returns to Australia, she will not only have hairdressing qualifications and experience, but will have a lot of travel memories and overseas experience.

How old is Candice?

Is Candice older or younger than her sister?

How long does Candice want to travel for?

How old was Candice when she left school?

4. Read the timetable below and answer the questions that follow

DAY	TIME	ACTIVITY	EQUIPMENT NEEDED	ROOM
Monday	9:00am – 12:30pm	Revision	Notes	3
	1:00pm – 4:30pm	Excursion	Excursion Note	
Tuesday	9:00am – 12:30pm	Team Exercise	Text Book and Notes	1
	1:00pm – 4:30pm	Written Assessment	Text Book and Notes	2
Wednesday	9:00am – 12:30pm	Computers	Computer Exercise Book	3
	1:00pm – 4:30pm	Team Exercise	Text Book and Notes	1

What equipment would you bring to class on Monday afternoon?

What activity will you be doing on Wednesday morning?

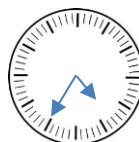
How long is your Team Exercise on Tuesday?

How long is your lunch break for each day?

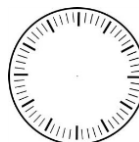
On each clock face, add the hands to show the time listed above.

We have completed the first clock as an example. These are in analog time.

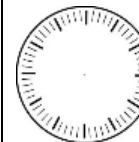
04:35



10:00



09:30



07:15



5. Circle the triangle



6. You are working for two (2) companies. In one week you earn \$635 from one employer and \$370 from the other employer. What is your total income for that week?

7. You are working and earning \$22 per hour. You have worked 40 hours last week, what is the amount you would expect to be paid (before tax)?

8. $36 + 42 =$

9. $480 - 75 =$

SIGNATURES

Student Signature:

Date:

Assessor Name:

Assessor Signature:

Date: