

**CERTIFICATE 3 GUARANTEE ENROLMENT FORM**

**COMPLETE ALL SECTIONS IN FULL** - Martyr Training Services will use information you have provided on this form to access your previous training records. Please ensure all details are filled in accurately.

**PERSONAL DETAILS**

Unique Student Identifier Number: \_\_\_\_\_  
To obtain your USI go to [www.usi.gov.au](http://www.usi.gov.au) or ph 1300 857 536. Without a USI, a certificate cannot be issued.

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Previous Surname/s: \_\_\_\_\_  
Street or Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
DOB \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Male  or Female   
Drivers Licence Number: \_\_\_\_\_ Copy attached Yes  or No

**LANGUAGE AND CULTURAL DIVERSITY**

In which country were you born?  Australia  Other (please specify): \_\_\_\_\_  
In which town/city were you born: \_\_\_\_\_  
Citizenship: Australian Citizen  Permanent Australian Resident  Temporary Australian Resident   
Do you speak a language other than English at home?  No  Yes (please specify) \_\_\_\_\_  
How well do you speak English?  Very well  Well  Not Well  Not at all  
Are you of Aboriginal or Torres Strait Islander origin?  No  Yes- Aboriginal  Yes- Torres Strait Islander

**DISABILITY**

Do you consider yourself to have a disability, impairment or long-term condition?  No  Yes  
If Yes, please select which apply from the following:  
 Hearing / Deaf  Physical  Intellectual  Learning  
 Mental Illness  Medical Condition  Vision  Acquired Brain  
 Other (please specify) \_\_\_\_\_ Impairment

**PRIOR EDUCATION/SCHOOL INFORMATION**

What is your highest completed level of schooling? \_\_\_\_\_  
In which year did you complete that level? \_\_\_\_\_  
Are you currently attending school? Yes  No   
If yes, please provide the following details:  
LUI Number: \_\_\_\_\_ Current year and level: (eg2011, year10) \_\_\_\_\_  
School Name: \_\_\_\_\_ VET Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**PREVIOUS QUALIFICATIONS**

Have you successfully completed any of the following qualifications?  
 No  Yes – please tick any applicable boxes  
 Certificate I  Diploma or Associate Diploma  
 Certificate II  Advanced Diploma or Associate Degree  
 Certificate III (or Trade Certificate)  Bachelor Degree or Higher Degree  
 Certificate IV or Advanced Certificate / Technician  Certificates other than those above

**EMPLOYMENT (TICK ONE OPTION ONLY)**

Of the following categories, which best describes your current employment status?  
 Full Time  Self Employed – not employing others  Unemployed – seeking full-time work  
 Part Time  Employed – unpaid worker in a family business  Unemployed – seeking part-time work  
 Employer  Unemployed – not seeking employment

**STUDY REASON (TICK ONE OPTION ONLY)**

- To get a job       To develop my existing business       For personal interest or self-development  
 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       To get into another course of study       To start my own business

**EMERGENCY CONTACT**

Relationship:  Mother       Father       Other: (please specify) \_\_\_\_\_  
 Title: Mr / Mrs / Ms / Miss      First Name: \_\_\_\_\_      Surname: \_\_\_\_\_  
 Mobile: \_\_\_\_\_      Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_      State: \_\_\_\_\_      Post Code: \_\_\_\_\_

**EMPLOYMENT DETAILS**

Business Name: \_\_\_\_\_      Contact Person: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_      State: \_\_\_\_\_      Post Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_      Fax: \_\_\_\_\_      Mobile: \_\_\_\_\_  
 Employment Status: \_\_\_\_\_      Direct Supervisor (if different from above) : \_\_\_\_\_  
 Full-Time     Part-Time     School Based  
 By ticking this box, I consent for a copy of my Statement of Attainment to be forwarded to my employer for my employee records

**STUDENT DECLARATION**

- The website [www.martyrtraining.com.au](http://www.martyrtraining.com.au) provides information regarding the course program, including, but not limited to, Training and Assessment Process, Legislative Requirements, Fees, charges and refunds policy, Recognition of Prior Learning, Credit Transfer, Support Services (LL&N), Access and Equity Policy, Complaints Procedure, Appeals Procedure, and the Privacy Policy
- Information supplied by me, may be used by the relative Department for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. All personal information will be kept confidential.
- Under the *Data Provision Requirements 2012*, Martyr Training 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 and your training activity data) may be used or disclosed by Martyr Training for statistical, regulatory and research purposes. Martyr Training may disclose your personal information for these purposes to third parties, including: School, Employer, Commonwealth and State Territory government agencies, NCVER, organisations conducting student surveys and researchers.
- Personal information disclosed to NCVER may be used or disclosed for the following purposes: Issuing statements of attainment or qualification, and populating authenticated VET transcripts; facilitating statistics and research relating to education, including surveys; understanding how the VET market operates, for policy, workforce planning and consumer information; and administering VET, including programme administration, regulation, monitoring and evaluation.
- You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).
- Any personal details and training records will be maintained and stored securely by Martyr Training Services for any future audit purposes.
- I will not copy or falsely declare any information or evidence gathered during the training and assessments.
- To the best of my knowledge all information provided on this form is true and correct at the time of enrolment.

- I will follow any reasonable instructions and directions from my designated trainer / assessor
- the fees published on the website represent the total cost to the student to enrol, undertake training and be awarded the statement of attainment
- the refund policy on the website outlines what the student is entitled to (full or part refunds)
- course fees listed in the fee schedule must be paid in full prior to the commencement of training
- students are entitled to a full refund of course fees student fees where notification of cancellation is received 10 days prior to course commencement. No refund is due after training has commenced.
- Students must communicate cancellation of the training agreement in writing to admin@martyrtraining.com.au within 10 days.
- I acknowledge that I must inform Martyr Training Services of any changes to my details or status throughout the duration of the training agreement.
- I understand that Martyr Training Services may at times take photos, make videos and develop various marketing campaigns for use in promotional activities. These pieces of media remain the property of the RTO and **will not** be sold to any third party. Some of the media may be used for promotional editorials and other marketing materials in public and professional publications and other such media. I allow Martyr Training Services to use and make reference to our organisation. This may include but not be limited to photos, video, voice, text extracts, logos, and other company images.

By signing below I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Name:
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Student Signature:
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Date:
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USI application through your RTO (if you do not already have one)

### Application for Unique Student Identifier (USI)

If you would like us Martyr Training Services to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] .....authorise Martyr Training Services to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Town/City of Birth \_\_\_\_\_  
(please write the name of the Australian or overseas town or city where you were born)  
We will also need to verify your identity to create your USI.

### Please provide details for one of the forms of identity below

**Australian Driver's Licence** State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**Medicare Card** Medicare card number \_\_\_\_\_  
Individual reference number (next to your name on Medicare card): \_\_\_\_  
Card colour: (select which applies)  
Green  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)  
Yellow  Blue  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)

### Australian Birth Certificate

State/Territory \_\_\_\_\_  
Details vary according to State/Territory (see note above)

### Australian Passport

Passport number \_\_\_\_\_

### Non-Australian Passport (with Australian Visa)

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

### Immicard

Immicard Number \_\_\_\_\_

### Citizenship Certificate

Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Certificate of Registration by Descent

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_

In accordance with section 11 of the *Student Identifiers Act 2014*, [insert RTO name] will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

Signature: \_\_\_\_\_

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

Do you have any Language, Literacy or Numeracy issues or learning difficulties and feel you may need further assistance with your training  Yes  No (If yes your Trainer will discuss this with you further)

### CERTIFICATE 3 GUARANTEE STUDENT DECLARATION

I, \_\_\_\_\_ confirm and understand the following:

- I am 15 years or older
- I am no longer at school (with the exception of school students in Years 10, 11 and 12 undertaking a VET in School (VETiS) program — see the VETiS fact sheet for more information)
- I permanently reside in Queensland (proof of residence must be provided)
- I am an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen (proof of citizenship must be provided)
- I do not hold, nor am I enrolled in, a certificate III or higher-level qualification, not including qualifications completed at school and foundation skills training.
- I understand that by completing this course of study under the Certificate 3 Guarantee Program, I will no longer be eligible for a subsidised training place under Certificate 3 guarantee Program.
- I understand that by claiming a concession from course fees I am eligible for the concession as offered by Martyr Training Services
- Concession type \_\_\_\_\_ Card Number \_\_\_\_\_
- I will pay course fees listed in the fee schedule prior to the commencement of training with Martyr Training Services
- I recognise that I am entitled to a full refund of course fees where notification of cancellation is received 10 days prior to course commencement. No refund is due after training has commenced.
- I will communicate cancellation of the training agreement in writing to [admin@martyrtraining.com.au](mailto:admin@martyrtraining.com.au)
- The information provided by myself at the enrolment session is true and correct at the date of the signing of this declaration and I acknowledge I must inform Martyr Training Services of any changes to my details or status throughout the duration of the training agreement.

Signature:	Date:
Guardian Name: (if under 18 years of age)	Guardian Signature:

### Certificate 3 Guarantee – Information Sheet

To be eligible to enrol in the Certificate 3 Guarantee, prospective students must:

- Be aged 15 years or older
- Be no longer at school (with the exception of school students in Years 10, 11 and 12 undertaking a VET in School (VETiS) program — see the VETiS fact sheet for more information)
- Permanently reside in Queensland (proof of residence must be provided)
- Be an Australian citizen, Australian permanent resident (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen (proof of citizenship must be provided)
- Not hold, and not be enrolled in, a certificate III or higher-level qualification, not including qualifications completed at school and foundation skills training.

### Training Costs

A contribution to the cost of training and assessment services — called a co-contribution fee — must be made by students undertaking a certificate III level vocational qualification and non-concessional students undertaking certificate I and/or II level vocational qualifications

The fee may be paid on your behalf by an employer or another third party, but cannot be paid or waived by the training provider or any organisation related to the training provider unless approved by the Department of Education and Training.

Concessional student status applies when:

(a) The student holds a Health Care or Pensioner Concession Card issued under Commonwealth law, or is the partner or a dependant of a person who holds a Health Care or Pensioner Concession Card and is named on the card (you must provide a copy)

(b) The student provides the PQS with an official form under Commonwealth law confirming that the student, their partner or the person of whom the student is a dependant is entitled to concessions under a Health Care or Pensioner Concession Card (you must provide a copy)

(c) The student is an Aboriginal or Torres Strait Islander (you must declare on the enrolment form)

(d) The student is a school student and is enrolled in a VETiS program (may include young people in detention) (e) the student has a disability (you must provide a copy of concession card)

(f) The student is an adult prisoner (you must provide a copy of confirmation)

EVIDENCE CHECKLIST	PROVIDE COPIES OF At least one of: – OFFICE TO SITE ORIGINALS
Date of Birth	<input type="checkbox"/> Drivers Licence or 18+ Card <input type="checkbox"/> Heavy Vehicle or Marine Licence <input type="checkbox"/> Birth Certificate or Birth Extract <input type="checkbox"/> Australian, NZ or International Passport
Queensland Residency	<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Heavy Vehicle or Marine Licence <input type="checkbox"/> Dept. of Veterans Affairs or Pensioner Concession Card <input type="checkbox"/> Health Care Card
Australian Citizenship or New Zealand Citizenship	<input type="checkbox"/> Birth Certificate or Birth Extract <input type="checkbox"/> Australian, NZ or International Passport <input type="checkbox"/> Certificate of Evidence of New Zealand Citizens in Australia (CSNZA)
Or Australian Permanent Residency Australian temporary residency	<input type="checkbox"/> Certificate of Evidence of Residence Status (CERS)
Concession Eligibility	<input type="checkbox"/> Dept. of Veterans Affairs or Pensioner Concession Card <input type="checkbox"/> Health Care Card

#### QUALIFICATION DESCRIPTION

This qualification reflects the varied roles of individuals across different industry sectors who apply a broad range of competencies using some discretion, judgment and relevant theoretical knowledge. They may provide technical advice and support to a team.

#### ENTRY REQUIREMENTS

There are no entry requirements for this qualification.

#### Packaging Rules

The following provides the packaging rules for this qualification, followed by the list of relevant units of competency.

Total number of units = 12

- 1 core unit plus
- 11 elective units, of which:
  - 7 of the elective units must be selected from the elective units listed below
  - 4 elective units may be selected from the elective units listed below, from this Training Package or from any current accredited course or endorsed Training Package at the same qualification level
- If not listed below, 1 elective unit may be selected from a Certificate II qualification and 2 elective units may be taken from a Certificate IV qualification.
- Elective units must be relevant to the work environment and the qualification, maintain the integrity of the AQF alignment and contribute to a valid, industry-supported vocational outcome.

CORE UNITS	
BSBWHS302	Apply knowledge of WHS legislation in the workplace
ELECTIVE UNITS	
BSBADM311	Maintain business resources
BSBCMM301	Process customer complaints
BSBCUS301	Deliver and monitor a service to customers
BSBITU301	Create and use databases

BSBITU302	Create electronic presentations
BSBITU303	Design and produce text documents
BSBITU304	Produce spreadsheets
BSBITU305	Conduct online transactions
BSBITU306	Design and produce business documents
BSBITU309	Produce desktop published documents
BSBWRT301	Write simple documents