

PLEASE COMPLETE THE FOLLOWING PAGES IN CAPITALS IN BLACK INK

DATE:		CAMPUS NAME/LOCATION:	
FORM COMPLETED BY (CAMPUS DIRECTOR'S NAME):			
PART 1: STUDENT DETAILS (ON ALL OFFICIAL DOCUMENTATION YOUR NAME WILL APPEAR AS GIVEN NAME/S FAMILY NAME)			
Title	Student Given Name	Middle Name	Family Name
Address (Not P.O. Box)			
Suburb	State	Postcode	Date of Birth*
Mobile	Email	Alternative Telephone	
Sex MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Next of Kin Name	Next of Kin Relationship	Next of Kin Tel
Our course material is sent via courier. If you will not be able to sign for the delivery, please give delivery instructions. (e.g. leave at the front door) Kits can not be posted to P.O. Box addresses			

*PLEASE NOTE: If student is under the age of 18 Parental/Guardian consent must be given on page 3.

PART 2: LANGUAGE AND CULTURAL DIVERSITY			
In which country where you born (please tick)	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify		
Do you speak a language other than English at home (please tick)	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other - please specify		
How well do you speak English (please tick)	Very Well	Well	Not Well
Are you of Aboriginal or Torres Strait Islander origin (please tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		

PART 3: DISABILITY			
Do you consider yourself to have a disability, impairment or long-term condition (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to Part 4		
If YES, then please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area)	Hearing / Deaf	Learning	Acquired Brain Injury
	Intellectual	Mental Illness	Vision
	Other	Prefer not to state	

PART 4: SCHOOLING			
What is your highest COMPLETED school level (please tick one box only)	Year 12 or equivalent	Year 10 or equivalent	Year 8 or equivalent
	Year 11 or equivalent	Year 9 or equivalent	Never attended school
In which YEAR did you complete that school level			
Are you still attending secondary school (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART 5: PREVIOUS QUALIFICATIONS ACHIEVED			
Have you SUCCESSFULLY completed any of the following qualifications (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please tick any applicable boxes	Bachelor Degree or Higher Degree	Diploma (or Associate Diploma)	Certificate III (or Trade Certificate)
	Advanced Diploma or Associate Degree	Certificate IV (Advanced Certificate/Technician)	Certificate II
			Certificate I
			Certificates other than the above

PART 6: EMPLOYMENT			
Of the following categories, which BEST describes your current employment status (please tick one box only)	Full-time employee	Casual employee	Unpaid Employee (family business)
	Part-time employee	Self-employed	Unemployed (full time)
			Unemployed (part time)
			Not employed

PART 7: STUDY REASON	
Of the following categories, which BEST describes your main reason for undertaking this course (please tick one box only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest of self-development <input type="checkbox"/> Other reasons



PART 8: PROGRAM DETAILS			
PROGRAM DETAILS	Fast Track Certificate III/IV in Fitness (SRF 30206 / SRF 40206)		
PAYMENT METHOD (Please Tick)	<input type="checkbox"/> Up-front Payment - \$4,270.00 (Refer to Part 9)	<input type="checkbox"/> Rapid Payment Plan - \$4,700.00 (Refer to Part 10A)	<input type="checkbox"/> Payment Plan - \$5,110.00 (Refer to Part 10B)

PART 9: UP-FRONT PAYMENT

Please select from one of the following options: Via Credit Card (Complete 11A) or Via Bank Deposit (Complete 11C)

PART 10A: RAPID PAYMENT PLAN Via Credit Card (Complete 11A) Via Direct Debit (Complete 11B)

I Agree to pay a total of \$ 4,700.00 being the total fee payable for the selected program with the Australian Institute of Personal Trainers (ABN 64 147 569 168).

I understand that my first payment* will be for the amount of \$1,500.00 plus a \$10 set up fee which is taken on ___ / ___ / _____. I also understand that a \$3.95 monthly service fee is charged throughout the duration of my Student Loan. In cases where the payment date falls on a weekend or public holiday, the payment will be taken on the next working day. My First Student Loan repayment will be taken on the following working day, which is ___ / ___ / _____.

Commencing one month after my initial payment, I understand that I am committing to making:

- 17 weekly payments of \$188.24
- 9 fortnightly payments of \$355.56

PART 10B: PAYMENT PLAN Via Credit Card (Complete 11A) Via Direct Debit (Complete 11B)

I Agree to pay a total of \$ 5,110.00 being the total fee payable for the selected program with the Australian Institute of Personal Trainers (ABN 64 147 569 168).

I understand that my first payment* will be for the amount of \$1,000.00 plus a \$10 set up fee which is taken on ___ / ___ / _____. I also understand that a \$3.95 monthly service fee is charged throughout the duration of my Student Loan. In cases where the payment date falls on a weekend or public holiday, the payment will be taken on the next working day. My First Student Loan repayment will be taken on the following working day, which is ___ / ___ / _____.

Commencing one month after my initial payment, I understand that I am committing to making:

- 35 weekly payments of \$117.42
- 18 fortnightly payments of \$228.33

***PLEASE NOTE:** This first payment must be paid via credit card or by direct deposit. Should the student choose the direct deposit option, the student must provide The Australian Institute of Personal Trainers with a copy of the remittance advice. If the credit card option is selected, part 11A of this form must be completed. Students' course materials cannot be released until the initial deposit has been received. The students' first repayment should fall within one month of the initial deposit.

PART 11A: COURSE PAYMENT VIA CREDIT CARD														
<input type="checkbox"/> Visa										<input type="checkbox"/> MasterCard				
Card Number														
Expiry Date					CCV Code*					* The CCV/Batch Code is the 3 digit number that appears on the signature panel of your Visa, M/Card.				
Card Holder Name								Signature						

PART 11B: COURSE PAYMENT VIA DIRECT DEBIT	
Bank	Account Name
Branch BSB	Account Number
Account Holder Signature	

PART 11C: COURSE PAYMENT VIA BANK DEPOSIT	
Please transfer the full amount of the course directly to the nominated bank account. This payment can be made directly at any branch of the St George Bank or Australia Post. When making your payment, include your Surname as the Reference so that we can confirm your payment. Electronic transfers can be accepted in some cases via prior agreement.	
Bank: St George Bank Branch BSB: 332 002	Account Name: Australian Institute of Personal Trainers Account Number: 553 299 188

PART 12: SHIRT SIZING					
GIRLS*	10	12	14	*PLEASE NOTE: The girls sizes are a smaller cut, so we suggest ordering one size larger than normal.	
GUYS	S	M	L	XL	XXL

Application for Admission

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How did you hear about us?	
Campus Director / Mentor:	Course start date:

I, _____ have read the course information given to me and understand that:
A full refund, less \$189 administration fee, will be given to students who cancel/withdraw their enrolment in writing within 5 days of enrolment. No refunds will be given after 5 days of the date of enrolment. In circumstances where a student has entered into a payment plan for payment of course fees and withdraws from the course after 5 days of the date of enrolment, the student will be liable for all payments due under the agreed payment plan. In cases where students are suffering from medical ailment and are able to provide adequate documentation of such, upon application in writing, the students enrolment may be suspended for a period of no more than 6 months. No refund of course fees apply and the student will still be liable for all payments due under the agreed payment plan. (If applicable)

Yes, I confirm that I have read and agree with the Full Terms and Conditions of Enrolment.

Applicants Name _____ Applicant Signature _____ Date: _____

PARENTAL CONSENT* (FOR STUDENTS UNDER THE AGE OF 18 ONLY)

*PLEASE NOTE: This section must only be filled out if the student enrolling in the course is under the age of 18. If you are 18 or over please do not fill out this section.

Parent/Guardian's Name		Address	
Mobile	Email	Alternative Telephone	

I, (Name of Parent/Guardian) _____, grant permission for (student name) _____ to enrol in a Certificate III/IV in Fitness (SRF 30206 / SRF 40206) with the Australian Institute of Personal Trainers.

Parent/Guardian's Signature _____ Date: _____