



High Motivation Training Academy

(National Provider Number 5425)

Training Enrolment Form

Training Provider:

COURSE DETAILS	
Course Name:	
Location:	Date to Commence:

STUDENT DETAILS	
Family Name (Surname)*:	
Given Name*:	
Preferred Name:	
Gender: M or F	Date of Birth:

*the names recorded in these two rows will appear on your results and will be used for official purposes.

CONTACT DETAILS:	
Address (for mailing purposes):	
State:	Postcode:
Phone:	Mobile:
Email:	

EMERGENCY CONTACT	
Name:	
Phone:	Relationship:

BACKGROUND INFORMATION	
What is your highest completed school level (please tick):	
Year 12 <input type="checkbox"/>	Year 9 or equivalent <input type="checkbox"/>
Year 11 <input type="checkbox"/>	Year 8 or lower <input type="checkbox"/>
Year 10 <input type="checkbox"/>	Did not go to school <input type="checkbox"/>
In which year did you complete school?	
Do you speak a language other than English at home?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:	
Country of birth:	
Are you of Aboriginal or Torres Strait Islander origin?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to have a disability, impairment or long term condition?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you require any special assistance with your classes – please specify OR call our office to assist us in making appropriate and timely arrangements:	

EDUCATION
Are you still attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please specify if you have completed any further education and list any qualifications attained:

EMPLOYMENT HISTORY
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please indicate: Full time <input type="checkbox"/> Part Time or Casual <input type="checkbox"/> Self Employed <input type="checkbox"/>

FEEDBACK
How did you hear about the course? Family/friend <input type="checkbox"/> Internet <input type="checkbox"/> Employer <input type="checkbox"/> Other <input type="checkbox"/>
Why are you undertaking this training (please tick one)? <input type="checkbox"/> Professional Development <input type="checkbox"/> Personal Interest <input type="checkbox"/> To change careers <input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a job Other (please specify).....

Fees:
Fees for all courses are due and payable prior to the commencement of each course.

Banking Details: Zohar Training Pty Ltd AFT Zohar Trust T/A High Motivation Training Academy. BSB – 014 531; Account – 4822 48841.

Notes:
Issues may arise beyond High Motivation Training Academy's control. Whilst every effort will be made to conduct all courses as advertised, HMTA reserves the right to change or otherwise revise any course related to issues including course offered, timetables, class locations and trainer allocations. HMTA will make every reasonable attempt to advise students of any changes made to their selected program. The details in this document are correct at the time of printing.
Personal information collected as a result of your enrolment will be used by HMTA for general student administration, vocational education and training administration and regulation, as well as Academy planning, reporting, communication, research, evaluation, and auditing. Only authorised HMTA staff have access to this information. If you are under the age of 18 years, your personal information, attendance details and results may be disclosed to your parent/guardian.

- Agreement:**
1. I understand that I will be notified in writing if my application is successful;
 2. I have received, read, understood and do agree to abide by the conditions set out in the Student Manual for High Motivation Training Academy;
 3. I have read and understood HMTA's policy for payment of fees and refund policy;
 4. Information collected on this form will be dealt with in accordance with our Privacy Policy. I understand that the disclosure of any personal information will require my written consent.
 5. I understand that if I wish to apply for Recognition of Prior Learning or Credit Transfer, I will be required to complete a separate application form, as provided in the Student Manual, no later than two (2) weeks after course commencement and that a fee for this service maybe payable on such application.

Please circle: Yes / No I would like to receive a copy of the documents relating to Recognition of Prior Learning prior to course commencement.

SignedDated

Please mail this enrolment form to:
The Principal,
High Motivation Training Academy, PO Box 470 Moffat Beach, Qld, 4551
If you would like further information please email: infoplease@hmtacademy.com