

BOOKING FORM – Accredited Programs

Course/Qualification Details

Course Code:	Course Title:
Course Location:	Course Date/s:
<input type="checkbox"/> Publicly Scheduled (Inc Financial Info)	<input type="checkbox"/> In-house Course
*Course Cost:	

*Accredited Training GST Free

Participant Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Family Name:	Given name				
Council/Organisation:	Position:				
Participant Email:	Participant Phone:				
<p>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you have not yet obtained a USI you can apply for it directly at https://www.usi.gov.au/students/get-a-usi on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance. (Note: USI numbers are 10 characters long using an alpha/numeric mix excluding 1, l, 0 and O and will be provided by the USI Office upon completion of your application.)</p>					
<p>From 1 January 2015, we (Peak Services) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER.</p>					
Enter your Unique Student Identifier (USI)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

How did you hear about this course:

Authorising Manager	Booking Contact
Contact Name	Contact Name
Title	Title
Email	Email
Phone	Phone

Accounts Payable

Contact Name	Title
Department	Position
Phone	Email

Authorising Signature	Date	PO# OR CC (for credit card payment)
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Please select one:

- Purchased under Local Buy Panel Arrangement
- Purchased under another valid procurement process

AVETMISS/Enrolment Data

Privacy Notice

Under the *Data Provision Requirements 2012*, Peak Services 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 Peak Services for statistical, administrative, regulatory and research purposes. Peak Services 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 participant 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). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>

Date of Birth

Day/month/year: _____ / _____ / _____

Gender

Male

Female

Other

What is the address of your usual residence?

Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building property name:

Flat/unit number:

Street number:

Street name:

Suburb:

State/territory:

Postcode:

What is your postal address (if different from above)?

PO Box number:

Flat/Unit number:

Street number:

Street name:

Suburb:

State/Territory:

Postcode:

In case of emergency, please contact:

Name:

Relationship:

Email:

Mobile:

Building property name:

Flat/unit number:

Street number:

Street name:

Suburb:

State/Territory:

Postcode:

Language and Cultural Diversity

Residency status (Tick ONE box only)

Australian Citizen

Australian Permanent Resident

New Zealand Citizen

Permanent Visa – please specify:

In which country were you born?

Australia

Other – please specify:

Language and Cultural Diversity

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) English Other – please specify

How well do you speak English? Excellent Well Not Well Poorly

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) No Yes, Aboriginal Yes, Torres Strait Islander

I have reviewed the course entry, study and assessment requirements and confirm that I do not require any assistance with Literacy, Language and Numeracy requirements for this course – please process enrolment

OR
 I am unsure if my LLN standard is sufficient for the level of this course and therefore elect to complete an LLN assessment – please have a Peak Services trainer/assessor contact me to arrange an LLN assessment.

Disability

Do you consider yourself to have a disability, impairment or long-term condition? No Yes, please indicate below

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Hearing/deaf Physical Intellectual Learning Mental Illness Acquired brain impairment
 Vision Medical Condition Other:

Schooling

What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent
 Year 8 or below Never attended school What year did you complete? Insert year

Have you SUCCESSFULLY completed any of the following qualifications listed? No Yes, please indicate below

If YES, tick ANY applicable boxes

Bachelor's degree or higher degree Advanced diploma or associate degree Diploma (or associate diploma)
 Certificate IV (or advanced certificate/technician) Certificate III (or trade certificate) Certificate II Certificate I
 Other education (including certificates or overseas qualifications not listed above)

Employment

Of the following categories, which BEST describes your current employment status?

Full-time employee Part-time employee Self-employed (not employing others) Self-employed (employing others)
 Employed – unpaid worker in a family business Unemployed – seeking full-time work
 Unemployed – seeking part-time work Not employed – not seeking employment

Study Reason

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job To develop my existing business To start my own business 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 For personal interest or self-development
 To get skills for community/voluntary work Other reasons

Peak Services Terms and Conditions

OFFER VALIDITY

The offer for provision of professional services encompassed in the booking form remains valid for a period of 60 days, unless otherwise stated in the booking form.

THE PARTIES

The Client means the organisation identified as the purchaser in the attached booking form. The Client's representative, unless otherwise advised by the Client, is the addressee identified in the attached booking form.

The Consultant means:

Peak Services Pty Ltd ACN 115 959 021 ABN 17 115 959 021

25 Evelyn St, Newstead, Qld 4006

Peak Services is the business name of Peak Services Pty Ltd.

GENERAL

1. All work undertaken by Peak Services is subject to the terms and conditions here set out.
2. These terms and conditions cannot be varied or waived, unless in writing and signed by an executive of Peak Services Pty Ltd.
3. If the Services are being procured under a Local Buy LGA Arrangement, the relevant Local Buy Purchaser Conditions take precedence over all other terms and conditions to the extent of any inconsistency.
4. Peak Services reserves the right to change course schedules, course pricing, discontinue courses, modify course content, limit class size or cancel courses prior to course confirmation. The Client will be notified should any of these details change.
5. The Client agrees to purchase the courses or consulting services scheduled for the dates and times as specified in the Booking Form.

PEAK INSURANCES

6. Peak Services holds, and shall maintain for a period of at least 12 months following completion of the Services, the following minimum insurance levels:
 - Public Liability: \$20 million
 - Products Liability: \$20 million in the aggregate
 - Professional Indemnity: \$20 million in the aggregate

COURSE CONFIRMATION

7. All courses or consulting services delivered at the Client's nominated venue or at Peak Services' nominated venue, will be confirmed by email by Peak Services approximately 10 working days prior to commencement (or earlier where possible). Should the Client need to travel to a venue to access Peak's training, the Client is advised not to make accommodation or travel arrangements until a Peak Services course confirmation has been received. Peak Services shall not be liable for any costs or damages suffered by the Client or Participants as a result of any cancellation or delays in delivery of any course where a course confirmation has not been issued by Peak Services.

SCHEDULING COURSES

8. Peak Services will specify the dates of publicly scheduled or onsite training events. Peak Services may cancel any training event on notice. If this occurs, and the Client has pre-paid, Peak Services will refund the course fee paid.

FEES

9. Peak Services' fees are payable in accordance with the following provisions.
10. Peak Services will invoice for any training events post training delivery. All invoices are payable within 30 days.
11. Any significant administrative work will be charged at the rate of \$100 per hour ex GST.
12. Peak reserves the right to charge interest on overdue payments at the rate of 1% per month, calculated on a pro-rata daily basis.

FORCE MAJEURE AND DELAYS

13. A party shall not be liable for any failure or delay in the performance of this agreement where the failure of delay is caused by circumstances or events:
 - a. Beyond the party's reasonable control,

- b. Which materially affect the performance of any of its obligations under this agreement.

CANCELLATIONS, TRANSFERS AND REFUNDS

14. Prior to course confirmation, cancellations may occur at any time without financial penalty.
15. After course confirmation, payment in full will be required.
16. Participant substitution on training courses is free of charge at any time prior to course commencement (the substitute participant is required to meet the published course pre-requisites).
17. Substitutions, cancellations and transfers (for training) will only be accepted in writing or via email to training@wearepeak.com.au
18. Refunds will be considered on a pro-rata basis for participants who fall ill or are injured to the extent that they can no longer undertake the course, providing a supporting Medical Certificate is supplied. In all other cases, refunds are at the discretion of management and may be negotiated on a case-by-case basis.
19. All changes to registration details must be made in writing or via email to training@wearepeak.com.au

COURSE PRE-REQUISITES

20. All participants must comply with published course pre-requisites.

LIMITED LIABILITY

21. Peak Services is not liable for any loss, damage, injury, costs (including legal), claims or expenses sustained by the Client or its employees, agents or customers, arising directly or indirectly from or connected with this assignment, except for where Peak Services has been deemed to be negligent in the services provided.

COPYRIGHT AND OTHER INTELLECTUAL PROPERTY RIGHTS

22. Unless specifically agreed otherwise, copyright of all course material and publicity material remains with Peak Services, except where stated, and may not be reproduced in whole or in part, recorded, loaned, broadcast, stored in a retrieval system or displayed publicly without prior permission.
23. The Client grants Peak Services a licence to use any Client supplied information for the purposes of completing the services contemplated by this agreement.
24. The Client shall advise Peak Services in writing if any Client supplied documents or information are to be treated as confidential.

PRIVACY

25. We only collect information that is reasonably necessary for the proper performance of our activities or functions. This may include for record keeping, communication with you/participants or marketing.
26. When we collect your information, we put measures in place to ensure your information is kept confidential, used securely and only used for the purposes outlined. Refer to Peak's privacy policy for full details. The policy is publicly available www.wearepeak.com.au.

ASSIGNMENT

27. Peak Services may assign, novate, sub-contract, or otherwise transfer all or any part of its rights or liabilities under this arrangement without the consent of the Client. The Client must execute any document reasonably required by Peak Services to give effect to the assignment, novation or transfer.

WARRANTY

28. The Client warrants that all courses will have been approved by them as fit for purpose before release to their staff. Peak Services does not make any warranty as to the results that may be obtained from the course or as to the accuracy or reliability of any information obtained through the course.
29. Courses are provided by Peak Services for general training purposes and should not be considered as professional advice.

AUTHORISATION

30. The Client hereby certifies that all Participants are employed by or are under contract to the Client and undertakes to bring these Terms and Conditions to the attention of Participants.

Participant Declaration

- I declare that all information provided on this form, to the best of my knowledge, is true and accurate and understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I understand that I must meet all relevant entry requirements associated with my chosen course, and/or funding arrangement, prior to my enrolment being accepted.
- I have reviewed the Privacy Notice provided and consent to the collection, use and disclosure of my personal information in accordance with. I understand that Peak Services collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I agree that I have reviewed the information provided in the Peak Services Participant Handbook and agree to abide by the policies and processes listed.
- I agree for my academic progress and results to be shared with Government Departments and my Employer if required.
- I agree to for Peak Services to video and/or take photos for quality training purposes and marketing.
- I give Peak Services permission to obtain official records from an educational institution that I do and/or have attended.

Participant Name

Participant Signature

Date

Supervisor Declaration

How long have you known this participant?

How long have you worked directly with this participant and in what capacity?

Please list your formal qualifications, name of issuing institution and year issued:

- I agree that I have reviewed the information provided in the Peak Services Supervisor Handbook and understand what will be expected of me as the nominated supervisor and agree to abide by:

Supervisor Name

Supervisor Signature

Date