



ENROLMENT FORM

ATA Diploma of Customer Contact ATA Advanced Diploma of Customer Contact ATA Diploma of Management

1. QUALIFICATION (please select)

- Diploma of Customer Contact (BSB50307)
- Advanced Diploma of Customer Contact (BSB60307)
- Diploma of Management (BSB51107)

2. PERSONAL DETAILS

Surname/Family Name: _____ Mr / Mrs / Miss / Ms / Other

Given Name(s): _____

Date of Birth: ___/___/___ Male Female

Are you an Australian Citizen/Permanent Resident? Yes No*

*If no, indicate your primary country of residence _____

Main Language Spoken: _____ Year Arrived in Australia: _____

Aboriginal/Torres Straits Islander? Yes No

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

3. EMPLOYMENT DETAILS

Employed: Full time Part time
 Unemployed* *Period unemployed: _____

Current Organisation/Employer: _____

Job Title: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Preferred Postal Address (if different): _____

Suburb: _____ State: _____ Postcode: _____

Work Phone: _____ Work Fax: _____

Mobile: _____

Email: _____

Which postal address should we use for correspondence: Home Work

Indicate the main reason(s) for undertaking the program:

Career Progression Personal Development
 Other: _____

Please advise if your employer is providing financial sponsorship for the program:

Full Partial None

4. SUMMARY OF WORK EXPERIENCE

Total years of work experience: _____ years

Total years of call/contact experience (in any function): _____ years

What level are you at in using both word processing and spreadsheet tools?

Basic Intermediate Advanced

5. PROFESSIONAL QUALIFICATIONS

Please provide details of any courses or academic qualifications which you have undertaken:

Program/Course	Provider/Institution	Outcome	Year
		<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed	
		<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed	
		<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed	

Have you achieved your Higher School Certificate (HSC) or recognized equivalent?

Yes*

No

*If yes, year completed: _____

Do you wish to apply for Recognition of Prior Learning:

Yes

No

6. OTHER

Do you need special assistance to complete your course successfully?

Yes*

No

*If yes, do you have:

Language Needs

Yes

No

Literacy Needs

Yes

No

Numeracy Needs

Yes

No

Or Other

Yes*

No

*If yes, nominate your requirement – i.e. learning assistance, carer, interpreter, wheel chair access: _____

Please provide details of any special dietary requirements: _____

7. STUDENT CERTIFICATION

I hereby certify that the particulars herein are correct and I agree to abide by the policies and procedures of Customer Contact Solutions Pty Ltd.

Student Signature

____/____/____
Date

8. WITHDRAWAL AND REFUNDS

Where withdrawal from a Unit is 14 calendar days prior to the Unit commencement date, up to 80% of the fees payable may be refunded. Where withdrawal from a Unit is less than 14 calendar days prior to the Unit commencement date, no refund is eligible. Please refer to the full policy in the current Student Handbook.