



OFFICE USE ONLY
 STUDENT ID:
 USI:

TRAINING &
 EDUCATION

TITLE: _____ **SURNAME:** _____ **FIRST NAME:** _____
GENDER: MALE FEMALE

SCHOOL: _____

My Unique Student Identifier (USI) Number is:

I give permission to AHTS to verify my USI number I give permission to AHTS to obtain a USI number for me
NOTE: All students are required to have a USI number. If you do not have a USI number please apply for one at www.usi.gov.au or ask administration to help you to apply and write your USI number in the boxes above.

DATE OF BIRTH:/...../.....

EMAIL:

TELEPHONE:

(Home) **(Work)** **(Mobile)**

ADDRESS: **SUBURB:**

P/CODE:

EMERGENCY CONTACT PERSON:

TELEPHONE:

COURSE	Dates	Fee
<i>High School Special! Certificate II in Hospitality SIT20316 including Bar and Food and beverage. (Certificate II in Hospitality includes mandatory work placement)</i>	<input type="checkbox"/> 24/07/17 <input type="checkbox"/> 11/09/17 <input type="checkbox"/> 06/11/17	\$999

EFT DETAILS

Commonwealth Bank
BSB: 065-000 Account number: 10273986
 Account name: ASHT Pty Ltd (Please insert name for reference)

Payment may be made by cash, credit card or bank transfer. Payment must be made in full prior to commencement of course.

If paying by credit card and posting your enrolment, please complete the details below

Credit Card: Master Card Visa (MC & Visa + 2% surcharge) Amex Diners (Amex & Diners +4% surcharge)

Card Number: Expiry Date: /

Card holder's Name: Card holder's Signature:

I authorise the amount of \$..... to be debited from my credit card

OFFICE USE ONLY - PAYMENT DETAILS					
DATE	ITEM	FEES PAID	BALANCE	RECEIPT NUMBER	PAYMENT METHOD
Confirmation letter sent via				VETtrak	

(Please complete all sections)

Please complete the following questionnaire:

Q1 In which country were you born?

Q2 Are you of aboriginal or Torres Strait islander origin? (Tick one only)

- Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander No

Q3 Do you speak a language other than English? Yes No Please specify (e.g. Chinese).....

Q4 How well do you speak English? Very well Well Not well Not at all

Q5 Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes please specify: (You may tick more than one area.)

- Hearing/deaf Physical Intellectual Learning Acquired brain impairment
 Vision Medical condition Mental illness Other

Q6 Are you still attending secondary school? Yes No

Q7 How are your English writing skills? Very good Good Poor

Q8 What year in High school are you? (Tick one only)

- Year 12 Year 11 Year 10
 Year 9 Year 8

Q9 Do you wish to apply for Recognition of Prior Learning based on current or previous work/life experience?

- Yes No

Q10 Which best describes your current employment status? (Tick **one** only)

- Full time Part time Employer Self employed Employed – unpaid worker in family business
 Unemployed – seeking full time work Unemployed – seeking part time work Not employed – not seeking employment

Q11 Your major reason for study? (tick **one** only)

- Get a job Contribute towards SACE Work in Hospitality Other

I am aware the information in this enrolment form may be provided to the State Training Authority and National Council Vocational Education Research for statistical purposes.

Signature: Date:/...../.....

Would you like to receive promotional materials about other courses via email? Yes No

Would you like to have an electronic copy of your parchment/certificate via email? Yes No

EXCURSIONS

I am fully aware that I undertake all excursions at my own risk. AHTS is not liable in any way and I am to organise my own insurance or take part at my own risk.

CHECK YOUR DETAILS

Please check ALL enrolment details before submitting this form. AHTS cannot be liable for any incorrect details. For example, you may be charged for the re-issuing and/or re-directing of your certificates if incorrect details provided and you do not notify AHTS. For more information see the Re-issue of a Certificate and/or Statement of Attainment Application Form available on our website.

QUALITY ASSURANCE

AHTS is externally audited at regular intervals to ensure it can maintain its accreditation as a Registered Training Organisation. A part of this process involves an auditor contacting some of the School’s past and current students. Please tick the box and initial next to it if you do NOT wish to be contacted for this purpose. Please initial

Request for use of Media Material

I hereby give consent and authorisation to the Adelaide Hospitality and Tourism School to use any video, photograph, and picture of me in any AHTS publication, website or commercial.
An example of this is my trainer taking a photo of me undertaking an assessment competency task.

PRIVACY

I authorise AHTS to make relevant inquiries where necessary and in accordance with legislation regarding my academic qualifications and any work experience in relation to my application for undertaking a course.
I understand that my information will only be released to third parties in accordance with legislation. I also understand that I may, at any time, revoke my authorisation for AHTS to release my information to third parties. Revocation of authorisation must be received in writing by AHTS.

- I have read, understood and agree to comply with the Terms and Conditions of Enrolment.
- I have received and understood all information relating to AHTS services, course content and my student rights.

Signature: **Date:**/...../.....

Parent / Guardian’s Signature **Date:**/...../..... (If under 18 years of age)

UNDER 18 Consent Form – Parents to complete



___/___/___

Re student.....

Course.....

Dear Parent / Guardian

Thank you for choosing AHTS – Training and Education for your son/daughter’s study.

For AHTS students to be able to “actively taste spirits and wines” during the Bar Operations course they must be over 18 years of age. For students who are under 18 years of age they are able to pour beer, make cocktails, open and pour wines but only smell it for clarification / identification purposes.

A fully qualified trainer who holds formal qualifications in Responsible Service of Alcohol and Supervision of Students will supervise all students attending this course. All students will comply with AHTS’s current policies and procedures concerning handling alcoholic beverages during the course.

If your son/daughter/guardian is under 18 years of age please print your name and sign in the space provided below, to authorise their attendance at this course and acknowledge they will be handling alcoholic beverages as part of this program.

Thank you for your cooperation.

Parent / guardian name.....

Signature.....

Kind regards

Maria Minutolo
Office Administrator