

ENROLMENT FORM

TO ENROL: Please return completed form together with payment details, or invoicing details to Blue Stone Medical & Professional Pty Ltd by:
Post: Student Services
 Blue Stone Medical & Professional Pty Ltd
 PO Box 4196, Rockhampton QLD 4700
Email: nicole@bluestonemedical.com.au
Website: www.bluestonemedical.com.au

Refund & Cancellation Policy:

Should Blue Stone Medical & Professional Pty Ltd fail to provide a course for whatever reason, enrolled students are protected and will receive a full refund within 14 days of notifying the student in writing of course cancellation.
 Fees may be transferred to another Blue Stone Medical & Professional Pty Ltd course by providing written notification of enrolment cancellation 28 days before course commencement date. Course fees are non-transferrable to another student.
 Refunds/transfers for cancellation made outside of these timeframes for medical/compassionate reasons will be decided on a case-by-case basis and will require appropriate documentation (medical certificate).

1. PERSONAL DETAILS *(Please use BLACK PEN only)*

Name:			
Date of Birth:		Sex:	Male Female Other
Residential address:			
	State:	P/code:	
Contact details:	Home:	Mobile:	
Email address:			
USI No:	LUI No:		

2. COURSE SELECTION

Course code	Name of course	Course date

3. INVOICING DETAILS – OFFICE USE ONLY

TRAINING CAMPUS/COST CENTRE		SEQ	CQ	CQG	Wisenet Student Number: BMP			
Fee for Service Yes No	Career Ready Yes No	Career Boost: Yes No		Type of Traineeship: Career Start School Based Full Time Part Time				
				Employer:				
Student has DTET Funding Approval? Yes No	Concessional Student? Yes No	Is Job Network paying? Email:			Yes	No	Name of Job Network Contact & Email:	
		Qty	Amount	Other information				
Total DTET units to be paid								
Unit credits								
Fee for Service (FFS) to be paid								
Tuition fee								
Police check			\$60.00					
Uniform <i>(please circle size required)</i>			\$60.00	10	12	14	16	(other) ____ S M L XL __XL
Individual Support textbook			\$110.00					
Individual Support placement fee			\$150.00	(Rescheduling fee)				
Pathology placement fee			\$450.00					
Pathology resources			\$25.00					
External support program (SQW only)			\$3,120.00	(SQW programs only)				

4. METHOD OF PAYMENT Please tick ☒
☐ EFT / Cash payable in person at the campus

☐ Direct Debit – details are below (*please use your name as a reference*)

Account name: - Blue Stone Medical & Professional Pty Ltd

BSB: 633-000

Account No: 138 071 733

☐ Credit Card – complete details below

☐ Visa

☐ Mastercard

Amount \$ _____

Name on card: _____

Card No: _____ CVC No _____

Expiry Date: ____/____/____ Signature: _____

 How did you find out about our courses? Please tick ☒
☐ Newspaper

☐ Website/internet

☐ Friend

☐ Colleague

☐ Other – please specify

Payment Plan required:

Yes No

Forms completed – Yes No

Forms submitted to Accounts

Yes No

Declaration of Enrolment – NB:
Guardian must sign if the student is
under 18 years old.
I hereby confirm that I have been given
prior to enrolment, read and
understood the RTO Fact Sheet.
I hereby confirm that I have been
given, read and understood the
student Enrolment Agreement and
Student Handbook.
Student Name:

Student signature:

Date:

____/____/____

Guardian Name:

Guardian Signature:

Date

____/____/____

1. Which one of the following **BEST** describes your reasons for undertaking this course? (Tick **ONE** box only.)

<input type="checkbox"/>	To get a job
<input type="checkbox"/>	To develop 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 / promotion
<input type="checkbox"/>	Requirement of my job
<input type="checkbox"/>	Extra skills for my job
<input type="checkbox"/>	For personal interest
<input type="checkbox"/>	For self-development
<input type="checkbox"/>	Other reasons

2. Of the following, which **BEST** describes your current employment status?

<input type="checkbox"/>	Full time employee
<input type="checkbox"/>	Part time employee
<input type="checkbox"/>	Self-employed – not employing others
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Unemployed – seeking full time work
<input type="checkbox"/>	Unemployed – seeking part time work
<input type="checkbox"/>	Not employed – not seeking employment

3. Schooling: Are you still attending school?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

4. What is your highest year of schooling completed? (Tick **one** box.)

<input type="checkbox"/>	Completed Year 12
<input type="checkbox"/>	Completed Year 11
<input type="checkbox"/>	Completed Year 10
<input type="checkbox"/>	Completed Year 9 or equivalent
<input type="checkbox"/>	Did not go to school

5. In which year did you complete that school level?

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6. Country of Birth: Enter the country you were born in.

<input type="checkbox"/>	Australia
<input type="checkbox"/>	Other – please specify:

7. Have you successfully **COMPLETED** any of the following qualifications?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Tick any that apply.

<input type="checkbox"/>	Bachelor's degree or Higher Degree
<input type="checkbox"/>	Advanced Diploma or Associated Degree
<input type="checkbox"/>	Diploma (or Associate Diploma)
<input type="checkbox"/>	Certificate IV (or Advanced Certificated/Technology)
<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate other than above

8. Do you speak another language other than English? (If more than one language, indicate the one that is spoken most often.)

<input type="checkbox"/>	No – English only
<input type="checkbox"/>	Yes other – please specify

9. How well do you speak English? Please tick **one** box.

<input type="checkbox"/>	Very well
<input type="checkbox"/>	Well
<input type="checkbox"/>	Not well
<input type="checkbox"/>	Not at all

10. Do you consider yourself to have a disability, impairment or long-term condition?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

11. If yes, then please indicate the areas or disability, impairment or long-term condition. (You may indicate more than one area.)

<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Physical
<input type="checkbox"/>	Intellectual
<input type="checkbox"/>	Learning
<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	Acquired brain impairment
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Medical condition
<input type="checkbox"/>	Other

12. Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander
<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander

Student Consent Form

Use of images, recordings and disclosure of information to third parties

Student Details

- Full Name : _____
- Course/Qualification Name : _____

1. Consent for Images and Recordings

I understand that during my training, photographs, videos, or audio recordings may be taken for the purposes of:

- Promotional or marketing materials (e.g. social media, website)
- Reporting to government or funding bodies like DTET.

☐ I consent to the use of my image and/or voice recordings for the above purposes.

☐ I do not consent to the use of my image and/or voice recordings.

2. Consent for Sharing Information with Third Parties

I understand that to facilitate training, assessment, work placement, or for compliance and reporting purposes, my personal information may be shared with the following:

- Employers or host organisations (for placement or employment purposes)
- Registered Training Organisations (RTOs) or partnering institutions
- Government departments and agencies (e.g. Department of Education, ASQA, funding bodies)
- Industry bodies or licensing authorities

☐ I consent to the sharing of my personal, educational, and training information with approved third parties as required.

☐ I do not consent to the sharing of my information, except where legally required.

3. Privacy and Data Protection

I acknowledge that my personal information will be handled in accordance with the **Privacy Act 1988** and relevant state privacy legislation. All data will be stored securely and used only for the purpose for which it was collected.

4. Declaration

I have read and understood this consent form. I understand that I can withdraw or modify my consent at any time by notifying the training provider in writing.

Student Signature: _____

Date: _____

(If the student is under 18 years of age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Medical Form

Student name _____

Address: _____

Phone: _____ DOB: ____/____/____

Special requirements _____

Current medication: _____

Are you allergic to any medication? Yes / No

If yes, please specify: _____

Emergency contacts:

Doctor's name: _____ Ph: _____

Address: _____ Fax: _____

Next of Kin: _____ Ph: _____

Next of Kin email: _____

CODE OF BEHAVIOUR CONTRACT

The behaviour expectations of our students mentioned within this Student Handbook and outlined below are crucial for the success of our education and training courses. The accredited trainers must be confident in each student's ability to be cooperative and dependable before we can accept them into our training courses and/or arrange practical placement.

Your signature below indicates that you have read the Code of Behaviour contained within this Student Handbook and those mentioned below. By signing this contract, you are confirming that you understand the training organisation's student behaviour expectations and feel confident in your ability to uphold them during the entire training program.

1. **Punctuality** – I will be required to be in a class 10 minutes prior to our course commencing. Any lateness will be noted on my student file and participation in the class will be at the discretion of my Accredited Trainer.
2. **Preparation** – I will come prepared to class with all training materials necessary for full participation.
3. **Courtesy** - will use common courtesies at all times.
4. **Attitude** – I will try my best to maintain a positive attitude during the entire experience at Blue Stone Medical & Professional Pty Ltd and whilst on clinical placement.
5. **Respect** – I understand that I am a student for Blue Stone Medical & Professional Pty Ltd and I will treat everyone I meet with respect to clients, other students, residents etc.
6. **Willingness** – I am willing to try new experiences, make new friends, and try new skills as a student.
7. **Participation** – I understand that I am expected to participate in all programs and activities during the course.
8. **Take direction** – I am willing to take directions from all those in charge including the Accredited Trainers, Team Leaders in facilities, DON, Managers and other staff whilst on clinical placement.
9. **Obedience** – I will obey all policies and procedures and will not engage in any misconduct, including drugs and alcohol use.
10. **Responsibility** – I understand that my acceptance into this training course is conditional and if at any time I fail to live up to these responsibilities, I may be removed from the course without refund.
11. **Confidential information** – shall include all information which has been specifically designated as confidential by the facility / clinic or Blue Stone Medical & Professional Pty Ltd's training division and any information which relates to the personal data / clinical data / facility financials.
12. **Information relating to patients / residents / Blue Stone Medical & Professional Pty Ltd** – their treatment is of a confidential nature and must not be disclosed. In addition to the requirements of your professional body, the facility / clinic considers unauthorised disclosure of patient/s / residents / Blue Stone Medical & Professional Pty Ltd confidential information is a serious matter which may lead to disciplinary action through Blue Stone Medical & Professional Pty Ltd.

I hereby agree to abide by Blue Stone Medical & Professional Pty Ltd's Code of Behaviour and confirm my understanding that any breach of contract, deliberate or otherwise, may result in the immediate cancellation of my training without refund.

Student name: _____

Signature: _____

Date: ____ / ____ / ____

(Parent or legal guardian – if student is under 18)

Student name: _____

Signature: _____

Date: ____ / ____ / ____

PRIVACY POLICY - Blue Stone Medical & Professional Pty Ltd collects information on this form for the purpose of administration and mailing only. The information contained in this application will not be used for any other purposes and will not be supplied to parties outside of Blue Stone Medical & Professional Pty Ltd.

STUDENT'S DECLARATION OF UNDERSTANDING

I acknowledge that I have received, read and fully understand the contents of the Student Handbook, Certificate III Student Fact Sheet, breakdown of course fees, training timelines, delivery mode – (face to face / flexible delivery), delivery location, vocational placement, support services and the completion of a student survey on completion of my course. I also understand the conditions of enrolment and my rights and responsibilities as a student.

By signing below,

1. I understand that I will abide by the rules and regulations as specified in the Student Handbook and agree to follow the recommended safety procedures in order to minimise personal risk / injury within the training environment and during my clinical placement at a facility.
2. I understand and agree that failure to obey these procedures may result in the immediate cancellation of my enrolment and training without refund. I also understand the refund policy that Blue Stone Medical & Professional Pty Ltd has in place for all enrolments.
3. I understand that I will receive an induction into my training program, as outlined in the Handbook, on the course commencement date.
4. I also understand that I would no longer be eligible for a subsidised / funded course under the Career Start or Career Boost program.
- 5.



STUDENT:

Name: _____

Signature: _____

Date: _____ / _____ / _____

WITNESS:

Name: _____

Signature: _____

Date: _____ / _____ / _____

Privacy Notice

Under the *Data Provision Requirements 2012*, **Blue Stone Medical & Professional Pty Ltd** 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 **Blue Stone Medical & Professional Pty Ltd** for statistical, administrative, regulatory and research purposes.

Blue Stone Medical & Professional Pty Ltd may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and NCVER.
- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student 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).

I have read this privacy policy and give permission for Blue Stone Medical & Professional Pty Ltd to collect and release my personal information to NCVER and any government departments.

STUDENT:

Name: _____

Signature: _____

Date: ____/____/____

WITNESS:

Name: _____

Signature: _____

Date: ____/____/____

**Induction for students to be completed prior to
commencement of class:**

Student's full name _____

<u>Induction Notes</u>	<u>Date</u>	<u>Student Signature</u>
Student knows the breakdown of all costs for the training course		
Discussion given with the student on our support services on offer		
A copy of the Student's Fact Sheet has been given to the student on enrolment		
Given details on Blue Stone Medical & Professional Pty Ltd's website – www.bluestonemedical.com.au (found on front page of Handbook)		
Discussions on the types of training – classroom, flexible, traineeship, skill sets, RPL kit		
Copy of Course Delivery Plan given to the student		
Confirmation letter with course timelines – days / weeks of course / placement hours		
Student Handbook declaration signed / filed in student's file		
Log Book given to student for their flexible studies, if required		
Confidentiality contracts for placement is signed by the student		
The student is happy to complete a three (3) monthly post training survey from DTET		
The student understands that there will be an applicable fee of \$150.00 to organise further placement arrangements if the student does not complete placement on the initial arrangement made by the Placement Coordinator.		