



PO Box 660, Mudgeeraba Qld 4213

Phone: 07 5559 0166 Fax: 07 5559 0177

Email: training@jigsawSMT.com

Enrolment Form – Traineeships New and Existing

Name:			
Residential Address:			
Postal Address:			
Telephone (work)		(home/mobile)	
Email address:			
Date of birth:		Place of birth:	
Secondary Education			
Year completed:		School:	
Disabilities: Do you have any disabilities that we need to be aware of: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please explain			
Next of Kin Name:			
Telephone:		Relationship:	

Course Details:

Course code:	
Course name:	
Date & time training to commence:	

Where you did you hear about this course:

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Recognition of prior learning I am applying for Recognition of Prior Learning (RPL) towards this qualification.	Yes <input type="checkbox"/>	Full Course <input type="checkbox"/>	Some Units <input type="checkbox"/>
	No <input type="checkbox"/>		

Declaration

- I have received the participant handbook and agree to the conditions.
- I agree to abide by all regulations of Jigsaw Training Academy
- I agree to undertake the training and assessment as set out in my training plan developed in consultation with my employer and JTA.
- I understand my enrolment is accepted under the conditions of payment as set out in the service agreement.
- All information supplied by me is true and correct

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian: _____ Date: _____
(If under 18 years)