

Australian Education and Training Institute (AETI) Pty Ltd
T/as Alpha Education House
 ABN : 58 164 980 027 | ACN: 164 980 027 | RTO Code : XXXX
 Email : info@alphaeducationhouse.com.au Website: alphaeducationhouse.com.au
 Address: 17 Lacerta Rd Austral NSW 2179
 Tel : 0415 467 684

Enrolment Details				
Are you enrolling in a full qualification or part qualification (i.e., individual units)?		<input type="checkbox"/> Full Qualification	<input type="checkbox"/> Individual units	
Which qualification/units do you wish to enroll in?				
Please indicate the course in which you wish to enrol:				
BSB40120 – Certificate IV in Business (Release1)		<input type="checkbox"/>		
BSB50420 – Diploma of Leadership and Management (Learning) (Release1)		<input type="checkbox"/>		
SHB50216 – Diploma of Salon Management (Release1)		<input type="checkbox"/>		
Are you an International Student or hold a Student Visa? <input type="radio"/> Yes, Country of Citizenship? <input type="radio"/> No				
Personal Details				
Surname:		Title: Mr./Mrs./Miss/MS/Dr	Date of birth:	/ /
First name:		Middle name/s:		
Home address:				
			Postcode:	
Postal address: (if different from above)				
			Postcode:	
Home phone: ()		Work:	()	
Mobile:		Email:		
Unique Student Identifier (USI):				
General Information				
1. Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
2. Are you a permanent resident of Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Do you have disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please provide details:				
Current Employment				
1. Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is your main occupation related to the qualification in which you are seeking RPL?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name of your employer?				
2. If no to question 1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of the workplace.				
Further Training				
Have you undertaken any full qualifications related to the occupation of which you are seeking recognition?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, training completion date (month, year):		Country:		
Name of course and institution (if applicable):				
Enrolment Application Form		V 1.0	Last updated: 20 March 2023	Next review: 20 March 2025
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Professional Referees (who have acted in senior capacity to you and can verify your skills)					
1. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
2. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
3. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
Previous Employment History (attach additional sheet if required, or attach CV with these details included)					
Name, address and phone numbers of employers	Period of employment (DD/MM/YYYY)		Position held	FT/ PT/ Casual	Description of major duties
	From	To			
1.					
2.					
3.					
Evidence for RPL Application (you are required to include evidence to support your RPL application)					
Document description					Included?
Your current and detailed CV					<input type="checkbox"/>
Copies of Certificates of any formal and informal training you have participated in.					<input type="checkbox"/>
Current and previous (within the last 5 years) position descriptions and performance reviews (if available).					<input type="checkbox"/>
Copies of qualifications you have completed.					<input type="checkbox"/>
Any letters of support from employers or industry contacts (if available).					<input type="checkbox"/>
Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency (as above).					<input type="checkbox"/>
Qualification Summary					<input type="checkbox"/>

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Self-Assessment Checklists, list units for RPL below:			
Unit Number	Name	For how many units?	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
Declaration			
I declare that the information contained in this application is true and correct and that all documents are genuine.			
Candidate signature:		Date:	/ /
Printed name:			

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DO YOU WISH TO APPLY FOR RPL (RECOGNITION OF PRIOR LEARNING)/CREDIT TRANSFER
Yes No * if you have ticked yes, we will contact you to make an appointment to discuss your training plan with a staff member
ADDITIONAL INFORMATION ABOUT YOURSELF THAT COULD IMPACT ON YOUR STUDIES
Would you like additional support with any special needs (literacy, numeracy, physical)? This information is confidential and is only used to provide the best support possible to suit your individual needs. Yes No If you have ticked yes, please provide a brief description of the sort of support would best suit your individual needs Master of Education Pty Ltd is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.
FEES AND REFUNDS COURSE CHANGES, CANCELLATIONS, TRANSFERS
<i>Refund Policy</i> Alpha Education House will make a full refund of all fees paid should course be discontinued. Should the participant desire to take an alternative course with Master of Education Pty Ltd, fees will be fully transferable to that course. In the event of a course for which the participant was enrolled being unavailable or no acceptable alternative course is available fees are fully refundable, including any deposit paid. Should a participant cancel an enrolment with Alpha Education House, the following conditions will apply regarding a refund of fees: <ul style="list-style-type: none"> • Cancellation prior to the commencement date 80% of course fees will be refunded. • No refunds or transfers will be given for cancellations or discontinuations after a course commencement date except where extenuating circumstances prevail* or after exclusion for unsatisfactory attendance or behaviour • All requests for cancellation or refunds must be made in writing using Masters In Education Pty Ltd Refund Request Form and accompanied with supporting documentation where necessary • Normal processing time for a refund request is up to four weeks • Refunds will be paid within one (1) week of the claim being agreed upon *Extenuating circumstances: Should a participant have to discontinue a course for legitimate reasons, such as sickness or exceptional family circumstances, a full refund less 20% will be paid.
GENERAL
Where our training programs have a limited number of places available, these will be filled in order of completed bookings. If, for any reason Alpha Education House, or any party delivering training and assessment on our behalf, closes or ceases to deliver any part of the qualification in which a client has enrolled Alpha Education House will assist the learning in locating another provider or refund the portion of fees for which training, and assessment has not been provided. Where there are any changes to the services agreed upon, Alpha Education House will advise the learner as soon as practicable, any change in ownership, either via email, website or phone.
DECLARATION
I acknowledge that I am entering into an agreement with Alpha Education House and that each has a role to ensure a positive outcome. Alpha Education House hereby agrees to provide the training, assessment and resources necessary for me to achieve this qualification and I acknowledge my role and responsibility in this agreement. I acknowledge that I have read and understood the information provided. I confirm that the information provided by me is true and correct. I have been offered the opportunity for Learning relating to this course and agree to the conditions set out previously. I understand that information contained in these forms may be provided to State and Commonwealth Agencies and Research Organisations and I consent to that occurring. Student Name Signed: Date:
Please attach to this form a copy of your photo ID.

Please return this application form and supporting documents to the student services officer or email to info@alphaeducationhouse.com.au