

Focal Holdings Pty Ltd (A.C.N. 064 243 367)

RTO I.D. 90191

t/a Australian College of Hospitality; The Illawarra Business College; Australian College of Community Care

www.tibc.nsw.edu.au

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SMART & SKILLED PROGRAM (Short Course – TNI) ENROLMENT APPLICATION AND AGREEMENT

1. COURSE/S DETAILS (Please select ONE course that you wish to enrol in from the following list):													
HLTSS00064 Infection Control Skill Set <input type="checkbox"/>				HLTSS00066 Infection Control Skill Set (Food Handling) <input type="checkbox"/>									
HLTSS00065 Infection Control Skill Set (Retail) <input type="checkbox"/>				HLTSS00067 Infection Control Skill Set (Transport and Logistics) <input type="checkbox"/>									
2. What Training Delivery Method are you interested in? (Please select ONE type from the following list)													
On-line/Correspondence <input type="checkbox"/>				Mixed Mode/Blended <input type="checkbox"/>									
PERSONAL DETAILS – (Please use block letters)													
3. Title:	Mr <input type="checkbox"/>		Mrs <input type="checkbox"/>		Ms <input type="checkbox"/>		Other (Please specify)						
4. Given Name(s)													
5. Family Name													
6. Date of Birth (Day/Month/Year):						7. Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Not specified <input type="checkbox"/>	
8. USI Number (If you do not have a USI number, please apply through the USI portal http://www.usi.gov.au/create-your-USI/)							USI -						
9. Residential Address													
Flat/Unit & Street No								10. Email					
Street								11. Phone/Mobile Number					
Suburb								Postcode				State/Territory	
RESIDENCY STATUS													
12. Country of Birth		Australia <input type="checkbox"/>		Other <input type="checkbox"/> (Please specify)		13. City/Town of Birth							
14. Resident Type (please tick below whichever is applicable)													
Australian Citizen <input type="checkbox"/>		Australian Permanent Resident <input type="checkbox"/>		New Zealand Citizen <input type="checkbox"/>		Humanitarian Visa <input type="checkbox"/>		None of these <input type="checkbox"/>					
CULTURAL DIVERSITY													
15. In what year did you arrive in Australia?													
16. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)													
No, English only <input type="checkbox"/>		Yes, other <input type="checkbox"/> (Please specify)											
17. How well do you speak English?			Very well <input type="checkbox"/>		Well <input type="checkbox"/>		Not well <input type="checkbox"/>		Not at all <input type="checkbox"/>				
DEMOGRAPHIC INFORMATION (Please indicate which region you is applicable to you)													
18. Please tick the relevant region of New South Wales that you live in													
<input type="checkbox"/> Greater Sydney		<input type="checkbox"/> Southern Highlands and Shoalhaven		<input type="checkbox"/> Far West and Orana		<input type="checkbox"/> Mid North Coast		<input type="checkbox"/> Capital					
<input type="checkbox"/> Central Coast		<input type="checkbox"/> Newcastle and Lake Macquarie		<input type="checkbox"/> New England and North West		<input type="checkbox"/> Richmond and Tweed		<input type="checkbox"/> Illawarra					
19. Are you living in NSW Social Housing or is your household on the NSW Housing Register?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
20. Are you applying for a Fee-Free Scholarship or being enrolled under a waiver of fees?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
21. Are you still attending secondary school?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, what year are you in?					
22. Are you of Aboriginal or Torres Strait Islander origin?				No <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>					
23. Have you undertaken any other Smart and Skilled qualifications this calendar year?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
DISABILITY (Please tick relevant box)													
24. Do you have a disability, impairment or long-term condition? (Please tick relevant box)								Yes <input type="checkbox"/>		No <input type="checkbox"/>		Go to Question 27	
(If YES, then please indicate the areas of disability, impairment or long-term condition)													
Hearing/Deaf <input type="checkbox"/>		Learning <input type="checkbox"/>		Vision <input type="checkbox"/>		Acquired Brain Impairment <input type="checkbox"/>							
Physical <input type="checkbox"/>		Mental Illness <input type="checkbox"/>		Mobility <input type="checkbox"/>		Medical Condition <input type="checkbox"/>							
Intellectual <input type="checkbox"/>		Other <input type="checkbox"/> (Please specify)											
25. Have you been assessed by a specialist health professional as a student with a Disability? (If yes, please provide a supporting statement from your medical practitioner, an appropriate government agency, or a relevant specialist allied health professional).								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
26. Are you in receipt of a Disability Support Pension (DSP)?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
27. Are you a dependent child or spouse/partner of a person in receipt of a DSP?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
28. Are you the dependent child, spouse or partner of a recipient of an eligible payment? (If “yes”, please select the relevant category below):								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
• Dependent child of a Beneficiary (excluding the Disability Support Pension (CHLD)?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
• Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension) (PART)?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
• Dependent child of a Disability Support Pension Beneficiary (DCH2)?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			
• Dependent spouse or partner of a Disability Support Pension Beneficiary (DPA2)?								Yes <input type="checkbox"/>		No <input type="checkbox"/>			

WELFARE STATUS			
29.	Please indicate your current welfare status		
Dependent Child or Spouse of a welfare recipient	<input type="checkbox"/>	Welfare recipient	<input type="checkbox"/>
		Not a welfare recipient	<input type="checkbox"/>
(If Yes, please indicate the type of payment from the list below):			
<input type="checkbox"/>	Age Pension	<input type="checkbox"/>	Austudy
<input type="checkbox"/>	Exceptional Circumstances Relief Payment	<input type="checkbox"/>	Farm Household Allowance
<input type="checkbox"/>	Sickness Allowance	<input type="checkbox"/>	Special Benefit
<input type="checkbox"/>	Parenting Payment (Single)	<input type="checkbox"/>	Veteran's Affairs Pensions
<input type="checkbox"/>	Wife Pension	<input type="checkbox"/>	Widow Allowance
		<input type="checkbox"/>	Carer Payment
		<input type="checkbox"/>	Disability Support Pension
		<input type="checkbox"/>	Family Tax Benefit Part A – Maximum Rate
		<input type="checkbox"/>	Newstart Allowance (Not eligible for Traineeships)
		<input type="checkbox"/>	Veteran's Children Education Scheme
		<input type="checkbox"/>	Youth Allowance
(N.B. Attach either a letter or a current Income Statement from the Dept of Human Services (Centrelink), a current Concession Card or any other evidence that shows the CRN and benefit category)			
EMPLOYMENT STATUS			
30.	Which BEST describes your <u>current</u> employment status?		
	Employed - unpaid worker in family business	<input type="checkbox"/>	Full-time employee
			Part-time employee
	Unemployed - seeking full-time work	<input type="checkbox"/>	Unemployed - seeking part-time work
			Not employed - not seeking employment
	Other status – not specified	<input type="checkbox"/>	Employer
			Self-employed - not employing others
31.	Are you a client of an Employment Services (Jobactive) Provider? (If you answer "Yes" to this question please provide the following details):		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employment Services (Jobactive) Provider name/I.D.:		
	Employment Services Client I.D.:		
32.	Have you been referred to this training by an Employment Services (Jobactive) Provider? (If you answer "Yes" to the above question please provide the following details):		Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Do you have appropriate evidence of long term unemployed status?		Yes <input type="checkbox"/> No <input type="checkbox"/>
34.	Please provide your Employer details below (if applicable):		
	Employer's Organisation Name:		
	Employer's Contact Name:		
	Employer's Business Address:	Level/Suite & Street No	Street:
		Suburb:	Postcode:
	(Only respond to the following questions if you are not currently working on a full-time basis)		
EQUITY ASSISTANCE			
The information provided in response to the following questions will assist us in implementing any strategies or providing additional resources, etc., to assist you with your learning.			
35.	Do you require any additional support or assistance to complete your studies? (If you answer 'Yes', please specify below the type of assistance required)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	I have difficulty with comprehension/understanding tasks	<input type="checkbox"/>	I have other difficulties (please provide details below)
	I have difficulty reading and/or writing	<input type="checkbox"/>	
	I have difficulty in maintaining concentration	<input type="checkbox"/>	I have a medical condition that may prevent me from undertaking certain tasks
			<input type="checkbox"/>
CREDIT FOR PREVIOUS STUDIES – N.B. There is no credit applicable for previous studies for these courses.			
SCHOOLING (Please tick ONE box only)			
36.	What is your highest COMPLETED school level?		Year 12 or equivalent <input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>
	Year 9 or equivalent	<input type="checkbox"/>	Year 8 or below <input type="checkbox"/>
			Never attended school <input type="checkbox"/>
37.	In which YEAR did you complete that school level?		
PREVIOUS QUALIFICATIONS ACHIEVED			
38.	Have you SUCCESSFULLY completed any of the following qualifications since turning 17?		Yes <input type="checkbox"/> No <input type="checkbox"/>
39.	(If YES, then tick ANY applicable boxes):		Foundation <input type="checkbox"/>
	Certificate II	<input type="checkbox"/>	Certificate I <input type="checkbox"/>
	Certificate III (or Trade Certificate)	<input type="checkbox"/>	Certificate IV <input type="checkbox"/>
	Certificate IV (or Adv Cert/Technician)	<input type="checkbox"/>	Certificate IV and above with acquired disability <input type="checkbox"/>
			Certificates other than the above <input type="checkbox"/>
STUDY REASON			
40.	Which BEST describes your main reason for undertaking this course? (Please tick ONE box only)		
	Get a job	<input type="checkbox"/>	Requirement of my job
			Get a better job / promotion
	Extra skills for my job	<input type="checkbox"/>	Start my own business
			Another course of study
	Try for a different career	<input type="checkbox"/>	Self-development
			Develop my existing business
			Personal interest <input type="checkbox"/>
			Other reasons <input type="checkbox"/>
EMERGENCY CONTACT DETAILS			
41.	In the event of an emergency do you give the College permission to organise emergency transport and treatment and you agree to pay all costs related to the emergency (this applies only to students attending classroom-based courses).		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Contact Name:	Relationship:	
	Contact Phone:	Mobile:	

DECLARATION AND AGREEMENT

1. By signing the declaration below, I agree that I have read and understand and agree to be bound by:
 - 1.1. the terms and conditions set out in this form and agree that, if I accept an offer of enrolment at the College, the terms and conditions on this form will form part of the written agreement with the College);
 - 1.2. the policies of The Illawarra Business College ('College') as amended from time to time and available electronically at www.tibc.nsw.edu.au;
 - 1.3. the regulations set out in the Student Handbook as amended from time to time and made available electronically at www.tibc.nsw.edu.au;
2. **POLICIES:** In addition, by signing this declaration, I agree that I have read and understand the following policies made available electronically by the College and located at www.tibc.nsw.edu.au:
 - 2.1. Course Progress Policy;
 - 2.2. Deferring, Suspending or Cancelling Enrolment Policy;
 - 2.3. Course Credit Policy;
 - 2.4. 'Smart and Skilled Fee Administration Policy' and agree to pay the relevant student fee contribution (as per quotation/Commitment I.D. provided by the College) as advised upon successful outcome of application.
 - 2.5. Consumer Protection Policy and Students Complaints and Appeals Policy and understand that the availability of a complaints and appeals process does not remove the right to take further action under Australia's consumer protection laws; and
 - 2.6. Privacy policy.
3. I confirm that I:
 - 3.1. have read and understand the pre-enrolment information made available electronically by the College and located at www.tibc.nsw.edu.au;
 - 3.2. have the financial capacity (full fee-paying students only) to pay all fees due on or before the due date and declare that I have the financial capacity to meet such fees and understand that my qualification may be withheld until my account is successfully finalised;
 - 3.3. will update the College immediately upon changing my address or other personal or contact details;
 - 3.4. agree that the College has the right to change conditions, course timetables and class locations and to cancel or defer courses at any time without notice;
 - 3.5. can be contacted by the College by any written, verbal or electronic means including email, facsimile, sms, telephone or post;
 - 3.6. understand that tasks need to be regularly submitted to facilitate successful progression through the course;
 - 3.7. confirm that all information and documents submitted by me as part of this Application for Enrolment are my own and are true and correct in all details;
 - 3.8. understand that if I have provided false and/or misleading information, it may affect my enrolment and I could be required to pay back any subsidies received from the NSW Department of Education and Communities (or its successors) to that Department.
 - 3.9. understand that if my enrolment is terminated any further submissions of tasks will not be marked and a Statement of Attainment will be issued for completed units only.
4. **UNIQUE STUDENT IDENTIFIER:** I understand that I am required to have a Unique Student Identifier (USI) which I can obtain from <http://usi.gov.au>. In the event that I do not obtain my own USI, I give permission for the College to obtain my USI upon submission of USI Application and I am required to activate this through the USI portal <http://usi.gov.au>.
5. I understand my USI will be used in the Notification of Enrolment Process and used when reporting Training Activity Data to the Department and I consent for my USI to be used for these purposes.
6. I understand and consent for the information provided in this application to be disclosed to the following:
 - Department of Human Services (Centrelink)
 - Department of Industry
 - Department of Education and Communities (State Training NSW)
 - The Australian Skills Quality Authority (ASQA)
 - National Centre for Vocation Education Research (NCVER)
 - Jobactive/Employment Services Provider
7. As a Registered Training Organisation (RTO) Focal Holdings Pty Ltd is required under the Apprenticeships and Traineeships Act 2001 to disclose information to the following:
 - Your employer
 - Australian Apprenticeship Centres (AAC)
 - NSW State Training Services (Department of Education and Communities)
8. I understand that any information provided in this application may be provided to the above-mentioned parties.

Signature of Applicant:		Date:	
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TERMS & CONDITIONS

COURSE BREAKS

You may not take holidays at any other times than the College's scheduled holiday periods, except in emergencies, when "special leave" may be granted at the discretion of the College. In cases where special leave is granted, course fees for the period of leave will not be credited to an extension of the course.

UNIQUE STUDENT IDENTIFIER: The College can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment if you complete your course but do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-usi> or you can authorise the College to do so on your behalf.

MARKETING AND ADVERTISING

By signing this form I consent to the College using my photograph, image, likeness and/or comments for marketing and promotional materials use. If you wish to withdraw your consent at any time, please notify the College in writing.

COURSE DELIVERY MODES

Courses may be delivered in a number of modes including face to face, online and may include practical and/or work experience components (which may be delivered outside the College's main campus).

LITERACY AND NUMERACY: To successfully complete your training, you must be able to check and record competently, read, comprehend, estimate, measure and calculate. If required, the College may refer you to Literacy and Numeracy training in identified areas to ensure that you meet the requirements of your training. Students may be asked to complete an on-line LLN test prior to enrolment or at induction in an endeavour to assist students by determining any special needs they may have to complete their studies.

PRIVACY NOTICE:

Information is collected on this form and during your enrolment in order to meet our obligations under the VET Quality Framework and to meet obligations under Australian laws generally. Information collected on this form and otherwise includes, but is not limited to, personal and contact details, course enrolment details and changes. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government, the NSW Government and designated authorities and, if relevant, the Australian Student Tuition Assurance Scheme and/or agencies. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

INSURANCE

Focal Holdings Pty Ltd ('College') holds public liability insurance cover and takes all reasonable care to prevent injury to students and comply with all relevant laws, including the Work Health and Safety Act, as amended from time to time.

PAYMENTS –

Payment (if applicable) is required at the time of enrolment.

If any fees are due, receipts will be issued directly to students once the fees are paid. Payments must be made in Australian Dollars. Payments can be made by:

- Cash directly to the College;
- Bank Cheque or Money Order payable to Focal Holdings Pty Ltd (**no personal or business cheques are accepted**);
- Credit Card (Visa or MasterCard);
- Direct Deposit to: Focal Holdings Pty Ltd:
Bank: Westpac Bank **Branch:** Corrimal

Account Name: Focal Holdings Pty Ltd; **BSB:** 032-061 **Account:** 30-9104

SAFETY

You (the student) agree that some of the activities undertaken at the College may involve some risk or hazard and by signing this form you agree to abide by all safety directions and instructions issued by the College.

You agree to advise College immediately if you contract a disease or illness or sustain an injury which is likely to be detrimental to the health or wellbeing of other students or any officers, employees or agents of College.

In the event of an accident or illness, You authorise the College and its employees, officers and agents to obtain medical assistance for me and You agree to pay the expenses.

INDEMNITY: By signing this declaration, the student agrees that Focal Holdings Pty Ltd ('Focal'), its officers, trainers, employees, representatives, assigns, associated entities and/or agents shall not be held responsible and/or be under any liability as far as permitted by the laws of Australia (including the laws of the Commonwealth or of any State or Territory) and/or will not make any claim against them for the student's death, bodily injury, disability, loss, damages and/or property damage which may be sustained by the student. This includes claims which may be caused by the student in connection with or during the period of the student's attendance at any premises operated by Focal, the student attending activities and/or excursions and/or in any accommodation arranged for the student. The student agrees to pay any direct and/or indirect costs incurred by Focal and agrees also to fully indemnify Focal for any costs and/or liabilities in relation to these activities and/or excursions organised by or on behalf of or with the assistance of Focal or of which Focal has knowledge.

PROOF OF ELIGIBILITY CHECKLIST: - PLEASE INCLUDE TWO COPIES OF IDENTIFICATION

Please include at least two IDs in your application such as Driver's License, Medicare Card, Passport, Proof of Age Card, Citizenship Certificate.

*****At least one of these must be a photo I.D. These must be attached to your emailed application.**

A. Identity (including full name, date of birth and residential address) – Driver's Licence, Proof of Age Card	<input type="checkbox"/>
B. Citizenship (Australian Birth Certificate, Passport, Certificate Residency Status, Humanitarian Visa)	<input type="checkbox"/>
In addition, if you are on Centrelink benefits or are of Aboriginal and/or Torres Strait Islander, please attach the relevant document	
C. Centrelink Evidence – proof of DSP or other Eligibility Benefit	<input type="checkbox"/>
D. Aboriginal and/or Torres Strait Islander – proof of identity and Australian Citizenship	<input type="checkbox"/>

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION AND COMMUNITIES AND OTHER AUTHORISED AGENCIES

I, _____
(provide First, middle and Surname)

of: _____
(provide current residential address)

Born on: _____
(provide date of birth)

Understand and agree that personal information (information or an opinion about me) collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) – (together called **Personal Information**) collected by the College may be disclosed to the Department of Education and Communities (**Department**) or its successors.

The Department may disclose my Personal information to other Australian government agencies, including those located in States and/or Territories outside New South Wales.

The above agencies may use my Personal Information for any purpose relating to the exercise of the government-related functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outline above.

I also acknowledge and agree that the Department may contact me by telephone, email and/or post during or after I have ceased subsidised training with the College for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME:			
SIGNATURE:		DATE:	

Note: if under 18 years of age at the time of giving consent, the consent of your parent/guardian is required.

PRINT FULL NAME OF PARENT/GUARDIAN:		DATE:	
SIGNATURE OF PARENT/GUARDIAN:		DATE:	

ADMINISTRATION USE ONLY:

- Evidence for exemption or concession has been provided with this application
- USI has been received and verified as valid
- RPL and/or Credit Transfer applications received (if applicable)

FOCAL Representative name:			
FOCAL Representative signature:		Date received:	

DATE CHECKED:		CHECKED BY:		ELIGIBLE / NOT ELIGIBLE
DATE APPLICANT NOTIFIED:				NOTIFIED BY:

QUOTE

DATE QUOTE PROVIDED TO APPLICANT:			
Received notification from applicant they wish to proceed with enrolment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE ADVISED OF ACCEPTANCE OF QUOTE:			
COPY OF QUOTE ATTACHED TO THIS FORM			

NOTIFICATION OF ENROLMENT/COMMITMENT ID

DATE COMMITMENT ID PROVIDED TO APPLICANT:			
PROVIDED BY:			
COPY OF COMMITMENT ID ATTACHED			

PROOF OF CONCESSION CHECKLIST: -

You may be eligible for a concession fee if you are currently receiving a benefit from Department of Human Services (Centrelink) or are a dependent child of a specified welfare recipient.

Concessions are available only to those who meet the Smart and Skilled eligibility requirements and for qualifications up to and including Certificate IV. Evidence for concession must be provided at the time of enrolment and cannot be adjusted.

Please select from one of the options below:

OPTION 1

I am currently in receipt of one of the benefits below:

- Age Pension
- Austudy
- Disability Support Pension
- Carer Payment
- Exceptional Circumstances Relief Payment
- Family Tax Benefit A – Maximum Rate
- Farm Household Allowance
- Newstart Allowance (*not eligible for concession*)
- Special Benefit (e.g. JobSeeker)
- Veterans’ Affairs Pensions
- Veterans’ Children Education Scheme
- Widow Allowance
- Widow B Pension
- Wife Pension
- Youth Allowance
- Parenting Payment (Single)
- Sickness Allowance

I have provided (please select one of the following) as evidence of receipt of the above benefit:

- Letter from the Department of Human Services (Centrelink)
- Current Pension Concession Card
- Current Department of Human Services (Centrelink) Income Statement

OPTION 2

I am currently a dependent child, spouse or partner of a recipient of an eligible Entitlement. Please select from the list below:

- I am a dependent child of a Beneficiary (excluding the Disability Support Pension)
- I am a spouse or partner of a Beneficiary (excluding the Disability Support Pension)
- I am a child of a Disability Support Pension (Centrelink/Veterans’ Affairs) Beneficiary
- I am a dependent spouse or partner of a Disability Support Pension (Centrelink/Veteran’s Affairs)

Evidence must be provided at the time of enrolment.

A letter or income statement from Centrelink/Veterans’ Affairs must show CRN and clearly state the applicant is a dependent of the beneficiary.

Signature of Applicant:		Date:	
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FEE Protection

We are aware of our obligations as a Registered Training Organisation to protect any student fees paid in advance (if applicable). To this effect, we do not collect fees in advance of more than \$1500.00.

Refund Policy

Please refer to the Smart and Skilled Student Information Kit found on our website. This provides detailed information relating to fees (if applicable) and our refund policy.

Important Note: After fully completing this form, please download it and email it as an attachment to info@focal.nsw.edu.au. You must ensure you also attach required ID documents on page 3 along with other supporting documents before submitting your application.

By completing and submitting this form, I declare that I have read, understand and accept the terms and conditions of enrolment.