



## SIS30321 & SIS40221 - Certificate III and IV in Fitness (Release 1) *Student Enrolment Application Form*

Please complete this form in full, either digitally (including e-signature), or print, complete and sign, with your USI number (see page 4), and photo ID, returning via email to [admin@iefpaus.com](mailto:admin@iefpaus.com).

<b>Student Details:</b> <i>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please refer to the USI section of the form for information on how to apply for a USI. You must write your name, including any middle names, exactly as written in the identity document you choose to use for applying for a USI.</i>			<b>Application Date:</b>
<b>First Name:</b>	<b>Last Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Home Address:</b>			<b>Date of Birth (DD/MM/YY):</b>
<b>Suburb:</b>	<b>State:</b>	<b>Post Code:</b>	<b>Age Declaration:</b> <input type="checkbox"/> I am at least 18 years of age <i>Note: Institute of Elite Fitness Professionals does not enrol students below 18 years of age. Please contact Student Support Services if you have questions.</i>
<b>Postal Address:</b>			
<b>Suburb:</b>	<b>State:</b>	<b>Post Code:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile #:</b>	
<b>Email Address:</b>			
<b>Language and Cultural Diversity</b>			
<b>Country of Birth:</b>		<b>City of Birth:</b>	
<b>Main Language Spoken:</b>			
<b>Do you speak a language other than English at home?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, other:			
<b>Are you Aboriginal and/or Torres Strait Islander? (please tick all that applies)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
<b>Disability: Please see <a href="#">Disability Supplement</a> section (page 8)</b>			
<b>Do you have any disability, impairment, or long-term condition which may affect your course?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you live with any physical/mental disability that may affect your participation in the course?</b>			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellect	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Other:
<input type="checkbox"/> Acquired brain impairment			
<b>Do you require additional support?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify:	
<b>Education and Training Details:</b>			
<b>Are you able to read, write, and understand English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What if your highest COMPLETED school level? (tick one only)</b> <i>If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10, the Highest school level completed is Year 9.</i>			
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or below	
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Never attended school	
<b>Are you still enrolled in secondary or senior secondary education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>In which YEAR did you complete that school level?</b>

Institute of Elite Fitness Professionals | RTO ID: 45862 | ABN 20 607 827 501

Address: 24 Gympie Street, Tewantin, QLD, 4565 | Phone: 0424261143

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<b>Have you successfully completed any of the following qualifications?</b> (please select all that apply)		
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> Bachelor's degree or Higher
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)
<input type="checkbox"/> Certificate III (Trade Cert)	<input type="checkbox"/> Advanced Diploma/Associate Degree	<input type="checkbox"/> None
<b>Employment Details:</b> <i>(please enter employer details, if employed)</i>		
<b>Employer Business Name:</b>		<b>Employer Contact:</b>
<b>Employer Address:</b>		
<b>Employment Status:</b>	<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Unemployed - seeking full-time work
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Self-employed - employing others	<input type="checkbox"/> Unemployed - seeking part-time work
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Unemployed - not seeking employment
<b>Reason for Study:</b>		
<b>Of the following categories, which BEST describes your main reason for undertaking this course?</b>		
<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement for my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> Other reasons	
<b>Existing Skills and Knowledge:</b>		
<b>Please describe any related work or industry experience (job role, description of responsibilities, inclusive dates, etc.) you have, if any:</b>		
<b>Please list down any related qualifications you currently hold, if any:</b>		
<b>Qualification Title and Code</b>	<b>Provider Name</b>	<b>Date Studied</b>



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Course Enrolment Details: (See Course Outline for delivery mode and available durations)	
<b>Course Name:</b> Certificate III & IV in Fitness (Release 1), self-paced	<b>Course Codes:</b> SIS30321/SIS40221
<b>Course Delivery:</b> Online	<b>Course Duration:</b> up to 24 months (12 month per certificate)
<b>Course Start Date:</b>	
<b>Please briefly explain/outline the skills and experience you believe you have that relates to the course in which you are enrolling:</b>	
Enter Text	
Additional Information: (please answer all questions)	
<b>Do you have access to a computer and the internet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What level of computer literacy do you have?</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Basic <input type="checkbox"/> Poor	
<b>How do you rate your numeracy skills?</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Basic <input type="checkbox"/> Poor	
<b>Do you require additional support?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>please specify:</i>
<b>I understand that I will receive my results and student correspondence online</b> <input type="checkbox"/> Yes, I understand	
<b>How did you hear about us?</b>	(If from a friend, please enter their name, so we can say thank you!)

**IMPORTANT NOTE:**

Institute of Elite Fitness Professionals will provide access to additional support services where required, as described in the Additional Support Policy and Procedures. However, where a student is unable to meet minimum course entry requirements such as corresponding Learning, Literacy and Numeracy Skills and/or Physical Fitness requirements of a course, Institute of Elite Fitness Professionals reserves the right to defer/terminate enrolment. If you are in doubt, please ask us about it.



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### UNIQUE STUDENT IDENTIFIER (USI) - USI Must be provided to successfully enrol students in any course.

From 1 January 2015 we, The Institute of Elite Fitness Professionals can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/your-usi/create-usi> on computer or mobile device.

For more details, please refer to “Unique Student Identifier (USI)” [www.usi.gov.au](http://www.usi.gov.au)

1. Enter your Unique Student Identifier (if you already have one)

#### **Unique Student Identifier (10 digits):**

2. If you don't have a USI number, you can apply for one by going to the USI website: [www.usi.gov.au](http://www.usi.gov.au) and follow the steps here: <https://www.usi.gov.au/your-usi/create-usi>

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/find-your-usi>. If you have an objection to being assigned a Unique Student Identification Number (USI), you are able to apply for an exemption, directly to the Student Identifiers Registrar at [www.usi.gov.au](http://www.usi.gov.au). Where the USI exemption applies, the results of the training will not be accessible through the Commonwealth and will not appear on any authenticated VET transcript.

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### **Privacy Notice**

#### **Why we collect your personal information:**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. The RTO will not be able to enrol students who fail or refuse to provide personal information.

#### **How we use your personal information:**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

#### **How we disclose your personal information:**

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETRA Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. In addition to this we work with Ezyway to safely and securely manage any financial transactions, which may require The Institute of Elite Fitness Professionals to disclose specific information in order to enrol students (see page 8).

We are also authorised by law (under the NVETRA Act) to disclose your personal information to the relevant state or territory training authority.

#### **How the NCVER and other bodies handle your personal information:**

The NCVER will collect, hold, use, and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETRA Act. Your personal information may be used and disclosed by NCVER for purposes that include

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populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

If for any reason you cannot access the privacy notice electronically on the Department's website, please get in touch with us at [info@iefpaus.com](mailto:info@iefpaus.com) to obtain a copy of the notice.

### Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

### Contact information

At any time, you may contact Institute of Elite Fitness Professionals to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

### Refund Policy

Details of the Company Fees and Charges / Refund Policy can be found in the Fee Administration and Refund Policy, Student Handbook and Company website.

### Identification:

**Drivers License/Passport (Photo ID)**

Please send a clear image of photo identification, on a clear/white background (without shadows) to verify your identity. This may be scanned or through a camera phone.

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**Declaration** (*enter full name, current residential address and date of birth below*)

I,  
of  
with date of birth:

Would like to apply for enrolment in the above course with Institute of Elite Fitness Professionals (RTO ID: 45862). I have read and understood the entry and course requirements and other course information on The Institute of Elite Fitness Professionals website. I have read the Institute of Elite Fitness Professionals Student Handbook including the Privacy Policy, Fee Administration and Refund Policy, and other policies and procedures prior to enrolling. By signing this enrolment application, I agree to allow Institute of Elite Fitness Professionals to provide my employer, or the organisation that has funded my training, my personal information about my enrolment, course progression, assessment status, and other course information on a periodic basis, during and/or after my enrolment period.

I understand that I will be required to supply a USI to The Institute of Elite Fitness Professionals in accordance with national legislation. I declare that I have answered all questions truthfully to the best of my knowledge. I understand that all my personal details including my USI, are confidential and are protected by relevant privacy laws. I give my consent to The Institute of Elite Fitness Professionals to release my name, date of birth, contact details and statistical information, including my USI, to the relevant Federal government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at [Privacy Notice](#) section of this form and the RTO's Privacy Policy found in the company website.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

**Printed Name:**

**Date:**

**Student Signature (attach eSignature or print the form and sign):**

**Once this form is complete, please return with applicable photo ID to The Institute of Elite Fitness Professionals:**

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Payment Options, please select one of the options below and provide your details/preferred payment method:

FAST TRACK

**\$3,000.00 full course fee:**

2 x \$1,500 (*\$200 Non-refundable, administration fee*)

\*6 Month Installment Plan

**\$3,200.00 full course fee:**

\$200.00 deposit (*\$200 of full course fee, Non-refundable*)

*Remaining balance of \$3,000.00 to be paid in 26 weekly installments of \$115.38*

\*12 Month Installment Plan

**\$3,200.00 full course fee:**

\$200.00 deposit (*\$500 of full course fee, Non-refundable*)

*Remaining balance of \$3,000.00 to be paid in 52 weekly installments of \$57.69*

\*18 Month Installment Plan

**\$3,200.00 full course fee:**

\$200.00 deposit (*\$500 of full course fee, Non-refundable*)

*Remaining balance of \$3,000.00 to be paid in 52 weekly installments of \$38.46*

\*As per government regulation all courses must be paid in full prior to recognition of certification.



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**Payment Details:**

(Please tick below, to confirm that you provide consent that your details may be shared with Ezipay, and Select ONE Payment Method)

I approve for my information to be shared with Ezipay in order to process my transactions/direct debits.

Who is Ezipay? Ezipay is IEFP's preferred subscription payment platform, offering a secure and easy to use debit system.

Visit <https://www.ezipay.com/about-us> for more information.

**Payment Method:**

Direct Debit  Credit Card

**Account Name:**

**BSB:**

**Bank:**

**Account Number:**

**Credit Card Authorisation** (enter full name below)

I, \_\_\_\_\_ authorise Institute of The Elite Fitness Professionals to debit course fees selected from the following credit card for the purpose of enrolling into training. For both upfront payments and payment plan amounts, please debit my card as per the selected payment option above according to the following details:

<b>Card Type:</b> (tick one only)	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
<b>Card Number:</b>		
<b>Expiry:</b>	/	
<b>Card Holders Name:</b>		
<b>Signature:</b>	<b>Date:</b>	

**Office Use Only:**

**Student #:**

**Enrolment #:**

Entered

Receipt

Access Granted

VP Checklist

Invoice

Upload Form

Welcome Pack Sent \_/\_/\_

**Enrolment Coordinator:**

**Disability Supplement**

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### **Introduction:**

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### **‘11 — Hearing/deaf’**

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

### **‘12 — Physical’**

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

### **‘13 — Intellectual’**

In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

### **‘14 — Learning’**

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### **‘15 — Mental illness’**

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.

### **‘16 — Acquired brain impairment’**

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

### **‘17 — Vision’**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

### **‘18 — Medical condition’**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.

### **‘19 — Other’**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.