

# Centre for Advanced Studies in Building & Construction Management Pty Ltd

Level 1 Suite 9B  
80 Keilor Road  
ESSENDON NORTH VIC 3041  
(03) 9351 0841

## ENROLMENT FORM

### STUDENT INFORMATION

To reserve a place for your training course please complete the following details and forward the form to our Head Office.

All details remain confidential.

#### 1. Course Program Selection

Please select the Course you wish to undertake. Note: you can select more than one course if you prefer.

##### Courses Programs:

- CPC50210 Diploma of Building & Construction (Building)
- CPC60212 Advanced Diploma of Building & Construction (Management)

- Day  Evening

##### Specialist Programs:

- Builder Registration Support Program

- Day  Evening

##### Intensive Course Programs:

- Project Program Scheduling (MS Project)
- Cost Planning & Estimation
- Contract Management & Administration
- Property Development Management
- Plan & Manage Complex Projects
- Manage Construction Work
- Tender Development & Management
- Environmental Management in Building Construction

- Day  Evening

#### 2. Personal Details

Title: Mr  Mrs  Ms  Miss  Gender: Female  Male

First Name: .....

Surname: ..... Date of Birth: .....

Address residential: .....

..... Postcode: .....

Postal Address: .....

..... Postcode: .....

Phone No. .... Mobile: .....

Email address: .....

**3.**

**Company Details (if applicable)**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position Title \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Work No. \_\_\_\_\_ Facsimile \_\_\_\_\_

Email address \_\_\_\_\_

**4. Language & Cultural Diversity**

In which country were you born? \_\_\_\_\_

Do you speak English? Very well  Well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin? No  Yes, Aboriginal  Yes, Torres strait islander

**5. Disability**

Do you consider yourself to have a disability, impairment or long-term condition? Yes  No

If Yes, please indicate the areas:

hearing <input type="checkbox"/>	vision <input type="checkbox"/>	learning <input type="checkbox"/>
deafness <input type="checkbox"/>	medical condition <input type="checkbox"/>	mental illness <input type="checkbox"/>
intellectual <input type="checkbox"/>	Acquired Brain Injury <input type="checkbox"/>	other <input type="checkbox"/>

**6. Educational History**

What is your highest completed school level?

Year 12  Year 11  Year 10  Year 09  Year 08  Didn't go to school

Other  In which year did you complete that level? \_\_\_\_\_

Are you attending secondary school? Yes  No

**Have you successfully completed any previous qualifications?** Yes  No  if Yes please tick

Bachelor Degree or Higher Degree <input type="checkbox"/>	Certificate III (or Trade Certificate) <input type="checkbox"/>
Advanced Diploma or Associate Degree <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Diploma (or Associate Diploma) <input type="checkbox"/>	Certificate I <input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/>	Certificates other than the above <input type="checkbox"/>

**7. Unique Student Identifier (USI No.)**

Do you have a Unique Student Identifier Number: Yes  No

If yes, please provide: .....

If No, please select: Create one for me  I will create my own

If you would like us to create one for you, what is your preferred method of contact?  
 Email  Phone  Mail

## 8. Employment

Which best describes your current employment? (tick only 1 box)

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

## 9. Study Reason

Which best describes the reason for undertaking this training? (tick only 1 box)

To get a job <input type="checkbox"/>	To get a better job or promotion <input type="checkbox"/>
To develop my existing business <input type="checkbox"/>	It was a requirement of my job <input type="checkbox"/>
To start my own business <input type="checkbox"/>	I wanted extra skills for my job <input type="checkbox"/>
To try for a different career <input type="checkbox"/>	To get into another course of study <input type="checkbox"/>
For personal interest or self-development <input type="checkbox"/>	Other reasons <input type="checkbox"/>

## 10. Language Literacy & Numeracy (LLN)

Here at the Centre for Advanced Studies in Building & Construction Management (CAS-BCM) our desire is to understand any needs that you, as a student, may have in regards to LLN.

To assist you in this area we ask that you either **opt in** or **opt out** of an LLN assessment. This will assist both you and us in ensuring the best outcomes possible for you.

We ask that you only tick one of the following:

<p><input type="checkbox"/> I appreciate that CAS-BCM is interested in my LLN standard, however I affirm that I do not require any assistance with LLN for the course I am choosing to undertake - Please finalise my enrolment.</p> <p><b><i>*If you have selected this option your enrolment will be processed on receipt of your completed enrolment form.</i></b></p>	<p><input type="checkbox"/> I am unsure if my LLN standard is sufficient for the level of study I am undertaking. And I elect to submit the completed LLN assessment to CAS-BCM for assessment.</p> <p><b><i>*If you have selected this option your enrolment will not be processed until a formal LLN assessment has been completed. CAS-BCM will be in contact with you to arrange this assessment.</i></b></p>
---	---

## 11. Payment Details

- Cheque (**made payable to CAS-BCM**) to be sent to:
- Cash
- Money Order
- EFT (**Call (03) 9351 0841 for bank details**)
- Credit Card (Visa, MasterCard and American Express only)

**CAS-BCM**  
**Level 1 Suite 9B, 80 Keilor Road**  
**Essendon North VIC 3041**

### Credit Card Details:

Card Holders Name & Surname:

Card Number:

Expiry Date

Authorised Amount: \$

Card Holders Signature:

## 12. Terms & Conditions

Before submitting an enrolment to CAS-BCM all students are required to confirm that they have read and accept the current **Terms & Conditions** related to the course programs, including the Fees and Refunds Policies.

For CAS-BCM courses, payment should be finalised more than ten (10) business days before the course commencement date. CAS-BCM reserves the option to cancel a course enrolment for non-payment if it has not been paid ten (10) business days before the course commencement date, unless the student's or its organisation has varied their terms of payment with an approved credit account with CAS-BCM.

**RPL** applicants are required to complete the RPL process within less than three months of their enrolment, and payment is not requested until after the RPL submission has been assessed.

**Do you agree that the student has read and accepts the current Terms & Conditions related to this course and confirm that they accept these Terms and Conditions related to this enrolment?**

I agree

Signature -

DATE: / /

If you are submitting this form electronically you can type your name as an electronic signature.

You can submit this form as post to

**CAS-BCM**  
**Level 1 Suite 9B,**  
**80 Keilor Road**  
**ESSENDON NORTH VIC 3041**

or email to

**enrolment@cas-bcm.com.au**

### Office Use Only

Information sited: Yes  No

Information entered into system: Yes  No