



# Safecity Training Academy

Safecity Training Academy is a Division of Safecity Services Pty. Ltd.  
ABN 11 055 464 581 NSW Master Licence #403546788 ACT Master Licence 17501508

**Post Office Box 177 OBERON NSW 2787**

## PLEASE NOTE:

View our policies online at [www.safecity.com.au/support.htm](http://www.safecity.com.au/support.htm)

1. Safecity will not sell or release your information to any third party unless authorised by this form.
2. Safecity will only use your information to identify any funding available, to satisfy government statistical submissions and for training and assessment purposes, obtaining feedback on our services, and continuous improvement auditing including third party auditing and compliance audit requirements as part of its business operations.
3. Safecity is required to obtain the answers to many of these questions to satisfy national Vocational Education and Training statistics. Your information is encoded so your privacy is maintained.

## APPLICATION FORM PART A

Preferred First Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex [ ]M [ ]F

Full Name \_\_\_\_\_  
Title First Name Middle Name(s) Last / Family Name

### I am enrolling in the following courses

Course Name	Course Date	Location (City/Town)

**If you have completed a course with Safecity before, please only complete the Declaration and payment details on Page 3** unless your other details have changed. Everyone else must complete each question in the application. THANK YOU.

Address where you want mail to be sent \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Address where you live \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ hm/wk Phone number ( ) \_\_\_\_\_ hm/wk

Fax number ( ) \_\_\_\_\_ hm/wk Mobile number ( ) \_\_\_\_\_ hm/wk

E-Mail Address \_\_\_\_\_

**Where did you hear about Safecity or Safecity's Courses?** Please be specific.

List at least ONE form of ID (eg Drivers Licence). The instructor will sight the ID at the course.		
ID Type	ID #	ID Sighted (Instructor to sign)
_____	_____	_____
Verified identification at previous courses		(Instructor verified) _____

## Personal Information

### 1. Current employment information

Occupation \_\_\_\_\_ Trade \_\_\_\_\_

Employer \_\_\_\_\_ Ph: \_\_\_\_\_

Employment Status: (Please choose by placing an **x** in the boxes that apply to you):

- Employer                       Self Employed                       Full-Time Employee  
 Part-Time Employee               Unemployed (seeking)       Not employed (not seeking)  
 I have been unemployed for \_\_\_\_\_ months.

2. Do you suffer from any physical or mental disability that may affect your participation in this course? \_\_\_\_\_ (Please indicate any below by placing a **x** in the box.)

- No Disability       Visual               Physical               Hearing  
 Intellectual       Illness               Other (specify) \_\_\_\_\_

3. a. Do you have any difficulty with literacy or numeracy? \_\_\_\_\_

b. Is English your first language? \_\_\_\_\_

c. What languages do you speak at home? \_\_\_\_\_

d. Do you need help with English? \_\_\_\_\_

e. Do you need any additional support? \_\_\_\_\_ (specify) \_\_\_\_\_

4. Citizenship Status: (Choose all that apply to you by placing an **x** in the box):

- Australian Born                       Born in another country (specify) \_\_\_\_\_  
 Australian Citizen                       Aboriginal                       Torres Strait Islander  
 Permanent Resident                       Temporary Visa  
 Citizen of another country (specify) \_\_\_\_\_

5. a. What was the highest level of secondary school you completed?

- Year 9 or below       Year 10               Year 11               Year 12

b. What year did you complete that level of secondary school? (e.g. 1998) \_\_\_\_\_

c. What high-school did you attend to reach that level? \_\_\_\_\_

c. Select any further education and qualifications you have from the list below:

#### Outcome

#### Type of Qualification

Attempted      Completed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | No other qualifications attempted or completed |
| <input type="checkbox"/> | <input type="checkbox"/> | Trade Certificate in (specify) _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Technical Certificate in (specify) _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Certificate in (specify) _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate Diploma of (specify) _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Undergraduate Diploma of (specify) _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Degree in (specify) _____                      |

# SAFECITY TRAINING ACADEMY - APPLICATION FORM PART B

## Personal Information

6. Briefly describe your role and your responsibilities in the workplace (*if not employed please write seeking employment*)

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7. Tell us which trade interests you (*eg: Security Industry, Hospitality*)

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8. Have you conducted training sessions previously?

- Extensively
- Occasionally
- Once
- No – that is why I am doing this course

9. What motivated you to enrol in this course?

- Personal Development
- Workplace Requirement
- I want to learn to train others
- It will help me find a job
- To advance my job opportunities
- I need the qualification for other studies
- Other \_\_\_\_\_

10. Describe your personal communication skills

- I am comfortable and enjoy speaking in front of others
- I don't enjoy public speaking but I can do it
- I need help on this topic

11. What are your expectations from this course?

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12. Why have you chosen this mode of course delivery (via Distance)?

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13. How will you be submitting your work ?

(Distance only - Leave blank if doing face-to-face)

- E-Mail
- Mail / Post
- Fax

**To the Directors of Safecity Training Academy,**

I have answered all questions truthfully to the best of my knowledge. I would like to enrol in the programs listed on the front of this form.

Signed at (place) \_\_\_\_\_

on (date) \_\_\_\_\_ Signature \_\_\_\_\_

**Mail this form to: Safecity Training Academy — Thank you.**

Post Office Box 177 OBERON NSW 2787 Phone: 02-6335 5216 Fax: 02-6335 5229

E-mail: [academy@safecity.com.au](mailto:academy@safecity.com.au)

<http://www.safecity.com.au>

**HAVE YOU REMEMBERED TO ATTACH OR EMAIL YOUR PASSPORT PHOTO, COPY OF YOUR IDENTIFICATION AND ANY RELEVANT CERTIFICATES?**

**PAYMENT DETAILS**

I have enclosed my payment of \$\_\_\_\_\_ being payment in full for my course fees. When my course fees are paid in full, you will confirm my enrolment and send me the course manual.

**PLEASE NOTE** - If you intend on paying by credit card, contact the instructor to arrange for credit card facilities.

I am paying by  Money order  Direct Deposit  Cheque  Credit Card

Please charge \$\_\_\_\_\_ to my  MasterCard  Bankcard  Visa

Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Verification Number (CVN) - (printed number in signature area on back of card) \_\_\_\_\_

**Bank account details for direct deposit:**

St George Bank

Branch: Bathurst 112879

Account name: Safecity Services Pty Ltd

Account number: 027162376

## Qualifications Offered in Training and Assessment via Distance Education

### ***I want to enrol in the following:***

#### *TAA40104 Certificate IV in Training and Assessment*

- TAA40104 Certificate IV in Training and Assessment \$1495
- TAA40104 Certificate IV in Training and Assessment DOWNLOAD SPECIAL \$995  
(The costs associated with downloading and printing the learning materials, and accessing files online instead of CD-ROM Support is your responsibility)
- TAA40104 Certificate IV in Training and Assessment Upgrade (Bridging) Course Upgrade with Certified Copies of BSZ40198 and BSZ50198 \$600
- TAA40104 Certificate IV in Training and Assessment Upgrade (Bridging) Course Upgrade with Certified Copy of BSZ40198 \$700
- I am a Safecity Graduate of the full BSZ40198 qualification, and would like to claim my additional discount  
Student Number: \_\_\_\_\_
- I am a Safecity Graduate of some of the units toward BSZ40198, and would like to claim my additional discount  
Student Number: \_\_\_\_\_
- TAA40104 Certificate IV in Training and Assessment Recognition (RPL / RCC) \$700

#### *TAA50104 Diploma of Training and Assessment*

- TAA50104 Diploma of Training and Assessment \$3400
- TAA50104 Diploma of Training and Assessment through RECOGNITION \$3000
- I am a Safecity Graduate of the full BSZ50198 qualification, and would like to claim my special Graduate Fee (\$1900)  
Student Number: \_\_\_\_\_
- I am a former Safecity Student (non-graduate) of the BSZ50198 qualification, and would like to claim my special Graduate Fee (\$2100)  
Student Number: \_\_\_\_\_
- I am a Safecity Graduate of the TAA40104 qualification, and would like to claim my Special Graduate Fee (\$3000)  
Student Number: \_\_\_\_\_

#### ***Diploma Electives - Please choose 7 of these. Additional electives are \$350 each.***

- TAADES502A Design and develop learning resources
- TAADES505A Research and develop competency standards
- TAADEL502A Facilitate action learning projects
- TAADEL504A Lead and coordinate training services
- TAACMQ501A Develop training and/or assessment organisational policies & procedures
- TAACMQ502A Coordinate training and/or assessment arrangements for apprenticeships/traineeships
- BSBMGT506A Recruit, select and induct staff
- BSBHR504A Manage industrial relations policies and processes
- BSBMGT503A Prepare budgets and financial plans
- BSBMGT504A Manage budgets and financial plans
- BSBFLM512A Ensure team effectiveness
- BSBFLM514A Manage people