

LIFE SAVING VICTORIA COURSES ENROLMENT FORM

In Person
Bring enrolment form and payment to:
MSAC Institute of Training
Sports House
375 Albert Road, Albert Park
Mon-Fri 8.30am – 5.00pm

By E-mail
E-mail enrolment form to:
MSAC Institute of Training
msacinstitute@ssct.com.au
(authorisation letter or purchase order required for invoice)


By Fax
Fax enrolment form to:
MSAC Institute of Training
Fax: 03 9926 1333
(authorisation letter or purchase order required for invoice)



Course Details

Name of Course / Qualification*:	
Course Date/s:	Course Fee:
Pre-requisite:	Location: MSAC Institute of Training, 375 Albert Road, Albert Park (Melways Ref: 2K C7)

Personal Information

Title:	First Name:	Surname:
Postal Address:		
Suburb:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Fax:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female Preferred Contact Method:
Email:	<input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> Email	
<input type="checkbox"/> Previous MSAC Institute of Training Student	 <input type="checkbox"/> MSAC Club Member Card No.: _____	SSCT Staff Members must complete this form please tick: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
MSAC Club members and State Sports Centres Trust employees may be entitled to receive a discount on courses. Please contact the MSAC Institute of Training for more information.		
Individual Needs: We promote access to people of all abilities. Please let us know if you have any special requirements to undertake our course. (eg. dietary requirements, wheelchair access, literacy)		How did you hear about this course?
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name:	Position:

Payment Details

<input type="checkbox"/> EFT DETAILS:	ANZ Account Name: MSAC Institute of Training BSB: 013 435 Account Number: 83 547 8854
<input type="checkbox"/> CHEQUE / MONEY ORDER:	Please find enclosed my cheque/money order for \$ _____
<input type="checkbox"/> CREDIT CARD:	Please debit my credit card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Cardholders Name:	Amount:
Card Number: ____ / ____ / ____ / ____	Expiry Date: ____ / ____
Cardholders Signature:	CCV Number: ____ Date:

Medical Condition

DISABILITY

Do you consider yourself to have a permanent and significant disability?

Yes No (tick one box)

If YES, tick any applicable boxes:

Vision Hearing/Deaf Acquired Brain Impairment Intellectual
 Mental Illness Learning Physical Medical Condition / Chronic Illness
 Other Unspecified

Enrolment Application

I have read and understood the 'Information for prospective students' and wish to enrol for the following course.

Signed: _____ Date: _____

Information for Prospective Candidate

- * Please note that all qualifications will be issued via Lifesaving Victoria.
- Apart from age requirements, some courses may contain specific entry standards.

In the event of a course being cancelled due to insufficient enrolments, participants will be offered a transfer to an alternative course or a full refund.

QUALIFICATIONS TO BE ISSUED

Students completing all assessment requirements for a qualification will be awarded a certificate corresponding to the completed course.

Students completing assessment requirements for part of a qualification will be awarded a Statement of Attainment indicating which modules or units of competency they have completed.

COMPETENCIES TO BE ACHIEVED DURING TRAINING

Competencies to be achieved during training are detailed in the brochures for each course.

ASSESSMENT PROCEDURES

In general terms assessment during training will involve:

- Oral response to questions
- Observation of performance in the workplace or in computer laboratories
- Portfolio of evidence
- Written response to questions, assignments and case studies

Students will be given advance warning of the time and form of any assessment and will not be expected to sit an assessment they have not prepared for.

Students will be given an opportunity for at least one reassessment for any competencies not achieved on the first attempt, \$10 will be charged for subsequent attempts.

WAIVER

I meet the pre-requisite requirements of the above listed course and have attached evidence for non-LSV training programs.

I recognise that the components of the aquatic courses involve activities that may be carried out in both deep and shallow water, some of which is quite strenuous and requires a reasonable level of fitness and swimming ability.

I authorise the LSV to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf and I will further authorise qualified medical practitioners to administer an anaesthetic if necessary.

I take full responsibility for any injury, illness or damage to my person and/or property that may directly or indirectly result from my participation in the training program. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promotion or staging the training program and the servants, agents, representatives and officers of any of them and shall so operate whether or not the loss, injury or damage is attributed to the act neglect of any or more of them.

I agree to disclose any disability, medical or other issue that may inhibit my ability to undertake the program as outlined/or I know no reason medical or otherwise that would inhibit me from participating.

1. I am aware that the MSAC Institute of Training may use my personal information to tell me about products and services and may disclose it to approved third parties (see our Privacy Statement). If you would like further information on MSAC Institute of Training's privacy practices, or on how to view your personal information, please contact us on 03 9926 1300.
2. I authorise MSAC Institute of Training to release information concerning my record to:
 - a. any government department where legally required and providing confidentiality is assured
 - b. to apprenticeship authorities and/or my employer if I am undertaking apprenticeship studies
3. Full course payments must be received by the MSAC Institute of Training prior to the commencement date of the course.
4. Applications for refunds will be accepted if a written request is received at least 5 working days prior to the date of course commencement.
5. All cancellations, withdrawals and/or refunds will incur an administration fee of \$50.00.
6. A full refund is given only if the course is cancelled by the MSAC Institute of Training.
7. No refunds or requests for transfer to another course will apply once a course has commenced.
8. I give consent to my photograph appearing in incidental group photographs which are intended to be used by MSAC Institute of Training for marketing.
9. I am aware that courses will not be conducted if insufficient numbers of students have enrolled.
10. I have downloaded and read the MSAC Institute of Training's Student Guide and agree to the Policies & Procedures www.msacinstitute.com.au – click on "about",
11. I am aware for **Senior First Aid Flexible Delivery Courses** – workbook and manual will be posted/collected at least 1 week prior to course – participants **MUST** submit a COMPLETED workbook to the trainer at the commencement of the class. Failure to hand in a completed workbook will result in you not being able to complete the course on the date scheduled and you will be required to re-enrol into a future course at your expense.
12. **Pool Life Guard courses** – to have your enrolment confirmed - all 3 requirements for enrolment must be completed and received by MSAC Institute of Training at least 5 working days prior to the course date – Places are limited.
 - a. Completed and enrolment Form (this form)
 - b. Certified Copy of Senior (Level 2) First Aid certificate can be certified as a true copy of the original by eg pharmacist, Justice of the Peace, (<http://www.deewr.gov.au/Skills/Programs/Support/VetFeeHelp/RTOsandHEPs/Pages/GuidelinesCertofDocs.aspx>)
 - c. Payment of fee by either completing details on this form or payment via website

I have read, understood, acknowledge, and agree to the declaration overleaf including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application to enter the Lifesaving Victoria course is successful I will be entitled to participate in the Lifesaving Victoria course.

Signature: _____ **Name:** _____ **Date:** _____

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent/guardian.

Signature: _____ **Name:** _____ **Date:** _____