

FEES AND CHARGES

Once completed this form becomes a tax invoice if payment is made by credit card or cheque. No deduction form credit card will be made until a course has been delivered.

REFUNDS

Refunds can be made if a written cancellation is received at least 30 calendar days prior to the start of the program or service.

IDENTIFYING INFORMATION

Your information is collected for the purpose of the Public Service Commissioner's functions under the *Public Service Act 1999*, which include coordinating and supporting APS-wide training and career development opportunities and fostering leadership and reporting on the State of the Service. It will be used for course administration, statistical analysis and evaluation of programmes. Some details may be disclosed to your home agency for administrative and statistical monitoring purposes. Your information may be used to distribute information about other Commission run or sponsored opportunities and to check our other databases. Occasionally mailing lists are made available to bodies with related functions.

If you do not wish to have your information used for marketing purposes email apscmailing@apsc.gov.au

For more information see our privacy statement at www.apsc.gov.au

RESCHEDULE

Training dates can be rescheduled if written notice is received at least 14 calendar days prior to the start of the training course.

PUTTING YOU *FIRST*

COMCARE LEARNING AND DEVELOPMENT SOLUTIONS CERTIFICATE IV IN GOVERNMENT—INJURY REHABILITATION MANAGEMENT (PSP40904)

APPLICATION FOR ENROLMENT / TAX INVOICE

ABN 41 640 788 304

HOW TO APPLY Please complete both sides of this application form and submit to Comcare, Learning and Development Solutions
POST: GPO Box 9905, Canberra ACT 2601
FAX: 02 6274 8705
EMAIL: learning.development@comcare.gov.au (as attachment)

INDICATE YOUR PREFERENCE

face to face trg RPL Blend of both trg and RPL

YOUR DETAILS

Name: Mr Mrs Miss Ms Other

Surname:

First name:

AGS number if applicable:

Classification Graduate APS 1 APS 2 APS 3 APS 4
 APS 5 APS 6 EL 1 EL 2

Title/position:

Branch/team:

Organisation:

Organisation ABN:

Postal address:

State:

Post code:

Telephone:

Mobile:

Email:

Fax:

Do you identify as Aboriginal or Torres Strait Islander

(This information will assist the Commission to improve learning and development outcomes for Indigenous employees)

No Yes, Aboriginal Yes, Torres Strait Islander
 Yes, Aboriginal and Torres Strait Islander

SPECIAL NEEDS

Please note any special needs or other requirements that may affect either your training or assessment as reasonable adjustments can be made to the recognition process to accommodate these.

CANDIDATE TO COMPLETE AND SIGN

I wish to apply for enrolment in the units of competency as identified in the following training courses

Signature: _____

Name: _____

Date: _____

I wish to register for training and assessment in (please note: a minimum of 1 course needs to be indicated to activate enrolment):

A certificate IV coordinator will contact you to discuss and plan a course completion.

<input type="checkbox"/> Case Management Essentials	Date	<input type="checkbox"/> including assessment \$1145	<input type="checkbox"/> RPL*—\$600 (4 competencies)
<input type="checkbox"/> Case Management – Next Steps	Date	<input type="checkbox"/> including assessment \$1145	<input type="checkbox"/> RPL*—\$300 (2 competencies)
<input type="checkbox"/> OHS Act in a Day	Date	<input type="checkbox"/> including assessment \$800	<input type="checkbox"/> RPL*—\$150 (1 competencies)
<input type="checkbox"/> Advanced Communication, Customer Service and Negotiation Skills for Injury Management Professionals	Date	<input type="checkbox"/> including assessment \$1350	<input type="checkbox"/> RPL*—\$450 (3 competencies)
<input type="checkbox"/> Values Legislation Diversity	Date	<input type="checkbox"/> including assessment \$1555	<input type="checkbox"/> RPL*—\$450 (3 competencies)
<input type="checkbox"/> Policy and Process	Date		<input type="checkbox"/> RPL*—\$300 (2 competencies)

Total number of units: _____

Total cost: _____

* RPL costs \$150 per unit of competency

AUTHORISED PERSON TO COMPLETE AND SIGN

I understand the terms and conditions, including payment obligations.

Signature: _____

Name: _____

Date: _____

Phone: _____

PAYMENT DETAILS Pay by credit card or tick the invoice option

Please invoice for the total amount (GST inclusive) \$ _____

Please invoice as I attend each module \$ _____

CREDIT CARD PAYMENT

Credit card details: Visa Amex Mastercard

Card holder's name: _____

Credit card number: _____

Card expiry date: _____

Card holder's telephone: _____

Card holder's signature: _____

Amount (GST inclusive) \$ _____

Invoice address: _____

State: _____

Post code: _____

OFFICE USE ONLY

Candidate's ID number: _____

Payment received: _____

Date: _____

Assessor/panel assigned: _____