



Training Enrolment Form

Email to: training@royallifesavingsa.com.au

Fax to: 08 8352 6162

Mail to: Adelaide Aquatic Centre, Jeffcott Rd, North Adelaide SA 5006

For Training Enquiries call 08 8210 4500

Student &/or Client Enrolment Details

Gender Male Female Name: _____ Date of Birth: .../...../.....

Company: _____

Telephone (Work): _____ Telephone (Home): _____

Mobile: _____ Email: _____ @ _____

Street Address: _____

Suburb: _____ Postcode: _____

USI Number: _____

From 01/01/2015 all students are required to have a Unique Student Identifier (USI) to undertake any National recognized training course. This is effectively a reference number made up of numbers and letters that gives you access to your USI account, the USI number will stay with you for life and will be recorded with any nationally recognized Vocational Education and Training course that is undertaken from January 2015, by having a USI you will be able to access your training records and results (or transcript) whenever you need them. You can get more information and sign up for a new USI number by completing the online application at <http://www.usi.gov.au>

All Course dates are available on our website www.royallifesavingsa.com.au






Registered Training Organisation, RTO 0996

As a Registered Training Organisation, RLSSSA provides Nationally Accredited Training. On successful completion of each course a statement of attainment for the unit is issued from the Health Training Package. All course costs include learning materials, instruction, assessment and statement of attainment.

Feedback @ Royal Life Saving...

Your feedback is critically important to us. We would like to hear from all Stakeholders who wish to pass on their comments as we continue to improve Royal Life Saving SA. All comments sent to feedback@royallifesavingsa.com.au are received directly in the CEO's email Inbox. All emails received are tabled in the Board of Governance correspondence and reviewed, with a response provided to each person.

Nationally Recognised Training Courses (Refer to prerequisites & please attach copy of evidence with enrolment. Courses are GST free).

Course	Description	Duration	Cost	✓	Date/s
Provide First Aid 	Course provides skills to respond to situations such as resuscitation, bleeding, fractures, asthma, anaphylaxis, bites and poisoning. Must be 14 years of age. HLTAID003 Includes Manual	1 Day	\$150	<input type="checkbox"/>/...../.....
Provide CPR 	This course provides skills necessary to maintain breathing and circulation in an adult, child or infant following cardiac arrest. HLTAID001	4 hours	\$65	<input type="checkbox"/>/...../.....
Provide Emergency First Aid in an Education/Care setting 	Course provides skills and knowledge required to provide first aid response, life support, management of casualty(s), the incident and other first aiders, in a range of situations in an education and care setting. Developed for Teachers and Carers. HLTAID004	2 Days	\$220	<input type="checkbox"/>/...../.....
Pool Lifeguard 	This course develops the skills in pool surveillance, public relations, ability to work in a lifeguard team, spinal injury management, cervical collars, spinal boards and oxygen resuscitation. Must be 16 years of age and current provide first aid certificate. <i>SISCAQU202A Perform basic water rescues</i> <i>SISCAQU306A Supervise clients at an Aquatic facility or environment</i> <i>SISCAQU307A Perform advanced water rescues</i> <i>PUAEME001B Provide Emergency Care</i> <i>PUAEME003C Administer oxygen in an emergency situation</i>	2 Days	\$180	<input type="checkbox"/>/...../.....
Pool Lifeguard Update 	This update course develops the skills in pool surveillance, public relations, ability to work in a Lifeguard team, spinal injury management, cervical collars, spinal boards and oxygen resuscitation. Current Pool Lifeguard Award required. <i>SISCAQU202A Perform basic water rescues</i> <i>SISCAQU306A Supervise clients at an Aquatic facility or environment</i> <i>SISCAQU307A Perform advanced water rescues</i> <i>PUAEME001B Provide Emergency Care</i> <i>PUAEME003C Administer oxygen in an emergency situation</i>	1 Days	\$150	<input type="checkbox"/>/...../.....

Medical Conditions

Is there any known reason, medical or otherwise, that would limit your ability to participate in this training program?

YES NO If Yes, please specify:

Person to contact in case of emergency:

Name: _____
Telephone: _____

Enrolment / Payment Details

Please select payment type:

CASH CHEQUE
CREDITCARD ORDER NO

Credit Card: Please note that only VISA or MASTERCARD are accepted.

Card number: _____

Expiry date: _____ CVV: _____

Cardholders Name: _____

Company Name: _____

Contact Person: _____

Purchase Order Number: _____
Please attach a copy if available.

Transfer / Refund Policy

Refunds **will be issued** upon request if the client formally withdraws from the course prior to commencement when 48 hours' notice is given, which will enable the student to receive the full course fee, or if the course is cancelled by RLSSA. Refunds will **not be issued** if the client does not meet the requirements of the course attended, or if the client does not attend the course in its entirety thereby not meeting the requirements of the course. The client may be able to transfer to later date.

Reissuance of Statements/Parchments

Re-issue of certificate(s) are to be requested in writing at the cost of \$22 (GST Inclusive) per certificate.

Further Assistance

If you have a learning difficulty, literacy, language or numeracy barrier, you need to inform RLSSA prior to attending the course.

AVETMISS Statistical Information (Mandatory Requirements for RTOs)

1) What is your highest COMPLETED school level?

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 8 or equivalent	<input type="checkbox"/> never attended school

2) In which YEAR did you complete that school level?

3) Are you still attending secondary school?

Yes No

4) Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No
 Yes, Aboriginal
 Yes, Torres Strait Islander

5) In which country were you born?

Australia
 Other – Please specify _____

6) Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No English Only (English only – Go to Question 8)
Yes, other – please specify _____

7) How well do you speak English?

Very well 1
 Well 2
 Not well 3
 Not at all 4

8) Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

Full-time employee
 Part-time employee
 Self employed
 Employed - unpaid worker in a family business
 Unemployed - seeking full-time work
 Unemployed - seeking part-time work
 Not employed - not seeking employment

9) Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | |

10) Have you **SUCCESSFULLY** completed any of the following qualifications? If YES, then tick **ANY** applicable boxes.

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I

11) Of the following categories, which **BEST** describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick **ONE** box only.)

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

Student

Signed _____

Parent/Guardian if under 18 Years of Age

Signed _____

Today's date:/...../.....

Today's date:/...../.....

Email this form to...

training@royallifesavingsa.com.au

OR Fax this form to...

08 8365 6162

OR Send this form to...

Level 2, Adelaide Aquatic Centre Jeffcott Rd, North Adelaide SA 5006

Headquarters Address

Level 2, Adelaide Aquatic Centre, Jeffcott Rd, North Adelaide SA 5006

Telephone Numbers

8210 4500

After Hours Contacts

Training – 0418 501 425
Aquatics – 0400 767 469
Clubs – 0419 755 162
Feedback – 0400 976 761

Facsimile

08 8352 6162

Email:

Training Services Email:

training@royallifesavingsa.com.au

General Enquiries Email:

info@royallifesavingsa.com.au

Swimming Programs Email:

swim@royallifesavingsa.com.au

Accounts Email:

accounts@royallifesavingsa.com.au

Feedback Email: (to Management)

feedback@royallifesavingsa.com.au