

ENROLMENT FORM

10195NAT Certificate IV in Responding to Organisational Complexity

Please NOTE: Your personal information will only be used to enable efficient course administration and to maintain proper academic records. Sections with * must be completed.

*Unique Student Identifier (USI) : _____

(If you don't have a USI refer to <https://www.usi.gov.au> to learn how to obtain a USI)

Section 1a: Student's Details

*First Name:	* Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
*Surname:	* Date of birth ____/____/____
Middle name:	*Contact phone:
*Email address:	Home: _____
Dietary Requirements:	Mobile: _____
	Work: _____
*Residential address Unit/Flat #: _____ Street/Lot #: _____ Street Name / PO Box# _____ Suburb: _____ Post Code: _____ State: _____ Country: _____	Postal Address(If different from residential) Unit/Flat #: _____ Street/Lot #: _____ Street Name / PO Box# _____ Suburb: _____ Post Code: _____ State: _____ Country: _____

Section 1b: Employment

*Of the following categories, which BEST describes your current employment status?

Full time employee

Part – time employee

Self-employed not employing others

Employer

Employed – unpaid worker in a family business

Unemployed – seeking full time work

Unemployed seeking part-time work

Not employed – not seeking employment

Section 1c: Language and cultural diversity

<p>*In which country were you born</p> <p><input type="checkbox"/> Australia</p> <p><input type="checkbox"/> Other - Please specify _____</p>	<p>*Do you speak a language other than English at home?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes - *Please specify _____</p>
<p>*How well do you speak English?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Poorly</p>	<p>*Do you identify as being of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>

Section 1d: Schooling

<p>*What is the highest COMPLETED level of schooling?</p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent</p> <p><input type="checkbox"/> Year 8 or below</p> <p><input type="checkbox"/> Did not attend school – Go to section 1e</p>	<p>*Are you still attending school?</p> <p><input type="checkbox"/> Yes – Go to section 1e</p> <p><input type="checkbox"/> No</p> <p>*In which year did you complete that level of schooling?</p> <p>_____</p>
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Section 1e: Disability

<p>*Do you consider yourself to have a disability, impairment or a long term health condition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – Go to section 1f</p>	<p>*If yes, please indicate the areas of disability, impairment or long-term health conditions:</p> <p><input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Physical <input type="checkbox"/> Acquired brain impairment</p> <p><input type="checkbox"/> Intellectual <input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Learning <input type="checkbox"/> Medical condition</p> <p><input type="checkbox"/> Other</p>
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Section 1f: Previous qualifications achieved

<p>*Have you successfully completed any of the following qualifications?</p> <p><input type="checkbox"/> No – Go to section 1g</p> <p><input type="checkbox"/> Yes</p>	<p>If yes, select the applicable boxes</p> <p><input type="checkbox"/> Bachelor degree or higher</p> <p><input type="checkbox"/> Advanced Diploma or associate degree</p> <p><input type="checkbox"/> Diploma or associate diploma</p> <p><input type="checkbox"/> Cert IV or advanced certificate/technician</p> <p><input type="checkbox"/> Cert III or trade certificate</p> <p><input type="checkbox"/> Cert II</p> <p><input type="checkbox"/> Cert I</p> <p><input type="checkbox"/> Certificate other than above</p>
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Section 1g: Study reason

*Of the following categories, which BEST describes your main reason for undertaking this course?

To get a job

To develop my existing business

To start my own business

To try for a different career

To get a better job or promotion

It was a requirement of my job

I wanted extra skills for my job

To get into another course of study

For personal interest or self-development

Other reasons – Please specify _____

Section 1h: Unit/s you would like to enrol in

*Select the unit/s you would like to enrol in. To complete the Cert IV in Responding to Organisational Complexity, select all four units.
Note: ROCCPE401 is a pre-requisite and must be completed before the other units.

ROCCPE401 – Identify and respond to complexity in project environments

ROCRSK401 - Apply risk management principles and tools in complex environments

ROCDEC401 - Apply decision-making concepts and tools in complex environments

ROCLEA401 – Lead through Organisational Complexity

*Select your preferred location/s.

Adelaide Brisbane Canberra Melbourne Perth Sydney

Section 2: Language Literacy and Numeracy (LLN)

ICCPM is committed to supporting all of its students in successfully completing their selected statement of attainment /qualification and our desire is to understand any need that you may have in regards to LLN. To assist you in this area we ask for you to either opt in or opt out of an LLN assessment, which will assist both you and us in ensuring the best outcomes possible for you.

For ICCPM to best accommodate this we ask that every student select one of the following:

<input type="checkbox"/> - I appreciate that ICCPM 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. <i>*If you have selected this option your enrolment will be processed on receipt of your completed enrolment form.</i>	<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 a completed LLN assessment to ICCPM for assessment. <i>*If you have selected this option your enrolment will not be processed until a formal LLN assessment has been completed. ICCPM staff will be in contact with you to arrange this assessment.</i>
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Section 3: Release of Information to Third Party

Often students nominate a third party representative such as their employer or a family member to follow up on assessment or qualification results.

Please indicate below if you agree to allow a representative from our organisation to discuss aspects of your training and assessment records, with a person nominated by you and release training and assessment information relating to you to that nominated person.

Nominated Third Party Person	
Given Name:	Family Name:
Home or Business Number:	Mobile Number:
Email Address:	Organisation (if relevant):

Section 4: Permissions

RTOs are required to verify a student's USI or search for a student's USI on the USI Registry System if one is not provided.

Please tick the box below if you grant ICCPM permission to verify your USI on the USI Registry System.

I give permission for ICCPM to verify my USI.

Please note: When we search for your USI a notification will be sent to your email address or mobile number informing you that International Centre for Complex Project Management Ltd searched for your USI.

Section 5: Payment

Please send an invoice to me for payment prior to course commencement.

Please send an invoice to my employer

Employer name: _____

Employer Address: _____

Attention: _____

Email: _____

Purchase Order Number: _____

Section 6: Terms and Conditions

Before submitting an enrolment to ICCPM all students are required to confirm that they have read and accept the rights and obligations and the Fees and Refunds Policy which are outlined in the Student Information Handbook.

Do you agree that you have read the Student Information Handbook and accept the current Code of Practice and Policies related to this course and accept the Terms and Conditions related to this enrolment?

I agree **Signature** _____ **DATE:** ____ / ____ / ____

You can submit this form via email to admin@iccpm.com or
Post to **ICCPM PO Box 327, Deakin West ACT 2600**