



\*Please do not print this form.  
 Simply fill in the blue boxes, save and email to: [info@mediatoracademy.edu.au](mailto:info@mediatoracademy.edu.au)

**Corporate Discount Enrolment Form**

Qualification	Enrolment Date
CHC81115 Graduate Diploma of Family Dispute Resolution	

**What are the attendee's personal details?**

Name (Family) ..... Given Name.....  
 Nationality ..... Gender [ ] Male [ ] Female  
 Date of Birth Unique Student Identifier (USI): ..... *(This USI is not compulsory for enrolment and can be applied for and obtained at – [www.usi.gov.au](http://www.usi.gov.au) at a later date. )*

**Attendee contact information?**

Telephone ..... Mobile.....  
 Email.....  
 Flat/unit number & street number ..... Street name.....  
 PO box or Roadside Delivery Box ..... Suburb, locality or town .....  
 State/Territory ..... Postcode .....

**What is the corporate postal address?**

Address ..... Postcode .....

**Who should we contact in an emergency?**

Name ..... Relationship .....  
 Address .....  
 Telephone ..... Mobile .....  
 Email .....

**Attendee education and experience**

Have you enrolled in a similar course elsewhere? [ ] Yes [ ] No  
 If you have you may be eligible for a credit transfer or Recognition of Prior Learning

Have you been employed in the area covered by the course applied for? [ ] Yes [ ] No  
 If you have you may be eligible for a credit transfer or Recognition of Prior Learning



## Corporate Enrolment Form

### Other information we must collect from the attendee.

The following information is required as part of agent of a Registered Training Organisation's delivering involvement in the Vocational Education and Training Sector Information provided by students may be made available to Commonwealth and State agencies and third parties employed by these agencies pursuant to obligations under the Australian Quality Training Framework. Students are entitled to view their own personal information held by The registered Training Organisation. Please apply to the Training Manager if you wish to view your own records.

### Language and Cultural diversity

- In which country were you born?  
 Australia       Other –please specify.....
- Do you speak a language other than English at home?  
 No, English only (*Go to the question 3*)  
 Yes, other – Please specify .....
- How well do you speak English?  
 Very Well       Well       Not Well       Not at all
- Are you of Aboriginal or Torres Strait Islander Origin?  
 No       Yes, Aboriginal       Yes, Torres Strait Islander

### Disability

- Do you consider yourself to have a disability, impairment or long-term condition?  
 No       Yes
- If **YES** then please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area)  
 Hearing / Deaf       Mental Illness       Other  
 Physical       Acquired Brain Impairment  
 Intellectual       Vision  
 Learning       Medical Condition

### Schooling

- What is your highest **COMPLETED** school level? (Tick one box only)  
 Year 12 or equivalent       Year 10 or equivalent       Year 8 or below  
 Year 11 or equivalent       Year 9 or equivalent       Never attended school

In which year did you complete the above school level? .....

- Are you still attending secondary school?  
 No       Yes



## Corporate Enrolment Form

### Attendee Entry Requirements and Previous qualifications achieved

9. Have you successfully completed the following qualification?  
CHCHC81115 Graduate Diploma of Family Dispute Resolution?

10. Highest qualification completed

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor Degree or higher degree                    | <input type="checkbox"/> Certificate III or Trade Certificate |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                | <input type="checkbox"/> Certificate II                       |
| <input type="checkbox"/> Diploma or Associate Diploma                        | <input type="checkbox"/> Certificate I                        |
| <input type="checkbox"/> Certificate IV or Advanced Certificate / Technician | <input type="checkbox"/> Certificates other than those above  |

### Employment

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

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking full time work           |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part time work           |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Not employed – not seeking employment         |

### Study reasons

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

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> I require extra skills for my job   |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> For personal interest               |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> For self development                |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For other reasons                   |
| <input type="checkbox"/> It is a requirement of my job    |  |

Personal information is collected solely for the purpose of operating a Registered Training Organisation under the Australian Quality Training Framework administered by the Vocational Education and Training Accreditation Board who are the registering authority. The requirements of the registering authority may mean the release of your personal information for the purposes of audit, or for collection of data by Commonwealth and State Government departments and agencies. It is a requirement of the Australian Qualifications Framework that students can access personal information held by the college and may request corrections to information that is incorrect or out of date.



## Corporate Enrolment Form

CES COLLEGE and Mediator Training Academy PAYMENTS, REFUNDS AND CONDITIONS

Payment schedule - An initial payment is required to confirm enrolment and the remaining course fees are payable one month prior commencing the course.

• **Qualification:** CHC81115 Graduate Diploma of Family Dispute Resolution *Completion Time: 12 months*

a) The course fees for corporate are not refundable after commencing the course. *Corporate Fee: \$10,790*

**Delayed commencement or non-commencement** - In the unlikely event that the College is unable to commence the course or deliver a course in full students will be offered a refund of any tuition fees paid in advance of course delivery.

**Missed payments** - Students who have not made payments by the due date will be excluded from attendance and have their enrolment suspended for the lesser of one week or until the missed instalment payment is made. If the missed instalment payment has not been made at the end of the one week suspension the student will have their enrolment deferred or cancelled.

**Fee changes** - Prior to a student enrolling fees may be altered without notice. Once a student has completed enrolment, fees will not be subject to change for the normal duration of the course. If a course length is extended by the student then any fee increases will be required to be paid for the extended component of the course.

**Other information & conditions** - Students must notify the Institute of changes of address, telephone number, email address and fax number within 7 days of the change to ensure that students can be contacted and receive important information which may affect their course or their enrolment. **To achieve this qualification, the candidate must have completed 50 hours of work as detailed in the Assessment Requirements of units of competency. It is the Student's responsibility to organise this work experience on their own time and effort. It is not the College responsibility to organise work experience for students.**

**Students Rights** - This written agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws. **Statements of Attainment** - Students are entitled, at no additional cost, to a formal Statement of Attainment on course withdrawal or cancellation, prior to completing the qualification, provided the student has paid in full for the tuition related to the units of competency to be shown on the Statement of Attainment. Course credentials (awards, statements of attainment, transcripts) will not be issued to students who are in breach of any part of this agreement. Students are entitled to 3 assessment attempts for each unit. If the student is unsuccessful after 3 assessment attempts they may be required to repeat the unit and pay a repeat unit fee. The College does not guarantee employment or job placement for students after completion of the course.

**Attendee/Corporate acceptance of the information & conditions above -**

I understand the terms of this written agreement and the refund conditions and confirm that I am over 18 years of age and have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student at the College. YES NO

I confirm that all the information provided in this written agreement is complete and correct. I agree to be bound by the College rules and regulations in force from time to time and otherwise to follow acceptable codes of behaviour, attendance and academic performance and show a concern for other students. I agree to pay all fees and charges according to the payment schedule that is part of this agreement. YES NO

**Attendees Name:**

**Date:**

**Corporate ABN:**

**Date:**

**CES Representative Accepting Application:**