**Accredited Specialist Disability Accommodation (SDA) Assessor Course Enrolment Form**

Please ensure that you read the Course Information Handbook prior to answering all questions in this course Enrolment Form. When completed, submit this form to Access Institute as per the details on the last page.

**Acknowledgement**: I have read the Course Information Handbook, please sign:

Name (Surname)……………………… (Given name) ………………………………....

Date of Birth Day ……….....…. Month …………….. Year ……………….…........

Sex [ ] Male [ ] Female Other [ ]

1. **Residence**

What is the address location and postcode of the suburb, locality or town in which you usually live?

Address ................................................................................ Postcode …………

Telephone ……………………………………………………………………………………..

Email…………………………………………………………...............................................

1. **Employment**

Employer name (if applicable) ......................................................................................

Your current role ..........................................................................................................

Employer address ........................................................................................................

Phone .........................................................................................................................

Email ...........................................................................................................................

Is your invoice to be addressed to your home or your workplace?Home Work

Authorising Officer (if applicable) Signature: ………………………………………….….

Email Address for Invoices:…………………………………………………………………

1. **Particular Requirements**

Do you have any specific requirements e.g. dietary, access etc. that we need to know about to ensure you can participate in the course effectively? Yes No

If **Yes,** please provide more information so that we can prepare, in consultation with you if necessary, the most appropriate support arrangements.

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1. **Education**

Do you have a tertiary qualification? Yes No

If yes, please provide details below

…………………………………………………………………………………………………

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| **Course Dates 2024****Please tick your selection**  |
|[ ]  Video/Teleconference  | 12 September 2024 11.00am – 3.30pm, Melbourne Time |

**I understand the terms contained within the Course Information Handbook and Enrolment Form, the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute.**

**I am responsible for payment of all fees prior to course commencement.**

Signature: ……………………………………………………………………………….

**Privacy Statement**

I understand that the Access Institute is required to provide NDIA/NDIS with student activity data which may include information I provide in this enrolment form.

Access Institute may use the information provided by you for planning, administration, policy development, program evaluation, communication, resource allocation, reporting, and/or research activities. For these and other lawful purposes, Access Institute may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Access Institute on phone 03 9988 1979 or email admin@accessinstitute.com.au

**I acknowledge and agree to the terms described in this privacy statement:**

**Applicant signature: ………………………………………………………………………**

**Tick this box [ ] to confirm acceptance of the privacy statement for online enrolments.**

|  |
| --- |
| Personal information on this form is collected solely for the purpose of delivering this course. It is not released to third parties unless it is a requirement for audit or for collection of data by Commonwealth and State Government departments and agencies.**I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute.****Applicant Signature ...........………………………………................. Date………………………..** |

**In order to enrol in the Accredited SDA Assessor Course you must also read, complete and sign the following:**

1. I understand and have read the Accredited SDA Assessor Course Information Handbook, and that I am undertaking the course willingly with full knowledge of this.
2. I understand that if I am not able to meet the Specified Professional prerequisites, that I will not be eligible to register to become an Accredited SDA Assessor.
3. I understand that there is no course fee refund if (2) as detailed above occurs.

YourSurname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this Course Enrolment Form, and this acknowledgement form to admin@accessinstitute.com.au or send via mail to P O Box 255 North Melbourne 3051.