



## Key Management Skill Set

The information you provide will ascertain as to whether or not you are eligible for study and acceptance into this short course.

You will be required to sign this Application Form upon completion. If any of the answers you provide are misleading or false, your application will not be successful.

Personal Information			
Name:	D.O.B:	Sex: M/F	
Address:			
Suburb:	State:	P/C:	
Email:			
Ph:	Mobile:	Work Ph:	Fax:

Employment – <i>You maybe required to provide a copy of your CV and referee’s to support the information below. This will only apply if applicable to your application and if requested by the training provider.</i>			
Name of Employer	Position	Years Employed	Reason for leaving
Are you currently working? <i>(please circle)</i> Yes No Which Industry? _____			

Education - <i>You maybe required to provide a copy of your CV and referee’s to support the information below. This will only apply if applicable to your application and if requested by the training provider.</i>			
Institution	Title of Course/Qualification	Year’s Studied	Year Finished
At what level did you complete Secondary School? <i>(please circle)</i> Year 10 Year 12			

<b>Course Details</b>				
<b>Course</b> <i>Flexible Learning</i>	<b>Cost</b>	<b>RPL Available</b>	<b>Completion Timeframe</b>	<b>Tick</b> <i>Applicable</i>
These units provide credit towards a number of qualifications including the BSB40807 Certificate IV in Frontline Management	<b>\$600.00</b>	<b>Yes</b>	40hrs or maximum 3 weeks	
<b>Do you intend to apply for Recognition of Prior Learning (RPL)?</b> <i>(please circle)</i> <b>Yes No</b>				
<b>Would you like your skills in language, literacy and numeracy to be considered in the review of your application?</b> <i>(please circle)</i> <b>Yes No</b>				
<i>If you answered 'Yes', please comment on any language, literacy or numeracy difficulties we can support you with during your participation with us:</i>				

<b>Units of Competency PRD01</b>			
Please select the Units of Competency you wish to purchase – <b>4 Core</b> (Compulsory) <b>plus 6 Electives</b> (choose the 6 most relevant to you)			
<b>Unit Code</b>	<b>Unit Name</b>	<b>Certificate Level</b>	<b>Tick</b> <i>Applicable</i>
BSBMGT401A	Show Leadership in the workplace ( <i>Core</i> )	<b>IV</b>	
BSBMGT402A	Implement operational plan ( <i>Core</i> )	<b>IV</b>	
BSBWOR402A	Promote team effectiveness ( <i>Core</i> )	<b>IV</b>	
<p>Note: It may be the case that in claiming a particular unit, full competency may not be able to be awarded due to (a) insufficient evidence or; (b) no actual experience.</p> <p>However, provided you can provide substantial evidence, the RPL Assessor may arrange for you to complete tasks which satisfy the requirements.</p>			

Industry Training Consultants is a Registered Training Organisation approved by the Vocational Education and Training Advisory Board and therefore has complied with the Essential Standards for Registration which are located at [www.training.com.au](http://www.training.com.au).

**Payment Options**

Training and Assessment materials will be sent out to the successful applicant once payment has been received.

**Key Management Skill Set Units \$600.00**

Payments can be made by:

**Cheque**

made payable to:  
Industry Training Consultants  
PO Box 2035,  
DANGAR NSW 2309

**Direct Deposit:** National Australia Bank  
Account Name: Industry Training Consultants  
BSB# 082-514 ACCOUNT# 58-642-8468  
(please tag your name with payment for identification)

**For Credit Card payments:** Use our online payment facility located at [www.itc.nsw.edu.au](http://www.itc.nsw.edu.au)

Or choose

For payments to be automatically debited from your nominated credit card below.

Card Type (please circle):      Visa    Mastercard    Amex    Diners **N/A**    Bankcard **N/A**

Credit Card Number:                          

Name on Credit Card: \_\_\_\_\_

Expiry Date:   /        Card Security Number: \_\_\_\_\_

By signing this request you acknowledge and understand that Industry Training Consultants will debit your credit card in the nominated amount shown above using their online payment facility. A receipt will be sent automatically to your e-mail inbox.

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

Date: \_\_\_\_\_

**Disclaimer**

This disclaimer to be signed by the applicant states that all information provided within this Application Form is correct at the time of writing. All documentation provided by the applicant is authentic and in the applicants true name. The applicant has read and fully understands Industry Training Consultants Course Policy. The applicant will not provide for copies of any of Industry Training Consultants materials be that training materials or resource materials or administration materials etc.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Office use only*

Date received:

Received by:

**Please Fax Back On (02) 49 691 355**