

Enrolment – CPP41419

Certificate IV in Real Estate Practice

To kick start your formal learning journey, even if that is to commence with an RPL Application, you will need to formally enrol in the course. Keeping things simple is what we like to do, so make your way through these steps and you're on your way.

Step 1. Study Payment Option – Please select from one of the following:

Selected Option	Payment Structure	Initial payment	Additional Unit Cost	Total *
<input type="checkbox"/>	100% upfront payment (18 units)	\$2250**	\$0	\$2250
<input type="checkbox"/>	100% upfront payment (13 units) for students who already completed their COR	\$1650**	\$0	\$1650
<input type="checkbox"/>	50% upfront + Pay as you go (9 units)	\$1350	\$150 / unit	\$2700
<input type="checkbox"/>	\$500 upfront 3 units + pay as you go (18 units)	\$500	\$175 / unit	\$3150

* The total column indicates total cost of the Cert IV course upon completion via the chosen payment method. **Prices GST Exempt.**

Students 45yrs and over may be eligible for Government Financial Support with the completion of their Cert IV. ask us more.

** \$1500 maximum payment prior to access to coursework. Additional payment within 30 days.

Step 2. USI – Unique Student Identifier

If it's been a while between studying, you may not have a government issued USI, so you'll need to register for this. It's a simple process just head to <https://www.usi.gov.au/your-usi/create-usi> to get yours.

Step 3. Complete Formal Enrolment Form

On the following pages, you will find the formal enrolment form, please complete and return together with this front page. Upon receipt you will be issued with a RPL Kit should you be intending that as your first step, otherwise we'll set you up to start your first subject.

Step 4. Provide Payment

Once you've selected your payment option, you can send your funds to the following account:

National Education Services Pty Ltd
BSB: 083 088
Acc: 81547 7520
Reference:<SURNAME>_NES_CertIV

or provide credit card information as indicated below:

Payment Authority			
First Name		Surname	
Card Type	Visa/Mastercard/AMEX		
Card Number		CSV:	
Expiry		NB: surcharges Mastercard/Visa 1.5% AMEX 2.1%	

I confirm that the above details are true and correct and that I as the undersigned am entitled to provide these details for the purpose of debiting as indicated.

Name _____ Signature _____

Date _____

Please forward your payment receipt to team@nationaleducationservices.com.au along with your order form so we can give you access to your subjects

Enrolment Form

CPP41419 - CertIV in Real Estate Practice

For the Participant: The details requested below are required by the **National Centre for Vocational Education Research (NCVER)** and the **State or Territory Training Authorities** for the purpose of collecting statistical information and verifying identity. Please complete all details on this registration form. **Please use your full and legal name for this registration form, i.e., the same as you have used to obtain your USI.** Refer to our Privacy Policy in the Participant Handbook.

Name of the course or qualification you are registering for			
Family Name		Other names	
Home Address			
Suburb		State	
		Postcode	
Telephone		Work	
		Mobile	
Email		*USI	
DOB		Gender Identification <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not born in Australia, what country were you born in?			
Are you of Aboriginal or Torres Strait Islander origin? (Please tick one)			
<input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Yes (Aboriginal AND Torres Strait Islander)			
<input type="checkbox"/> No, neither Aboriginal or Torres Strait Islander			
Which of the following categories BEST describes your current employment status?			
<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"/> Not employed – seeking full-time work	
<input type="checkbox"/> Self-employed – not employing others		<input type="checkbox"/> Not employed – seeking part-time work	
<input type="checkbox"/> Employer		<input type="checkbox"/> Not employed – not seeking employment	
What is the language you mainly speak at home?			
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well			
Are you still at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your highest COMPLETED secondary school level?			
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Never Attended			
What year did you complete your last year at secondary school? <input type="text"/>			
Have you completed any qualifications since leaving school? <input type="checkbox"/> YES – please identify <input type="checkbox"/> NO			
<input type="checkbox"/> Bachelor Degree or Higher Degree		<input type="checkbox"/> Advanced Diploma or Associate Degree	
<input type="checkbox"/> Diploma (or Associate Diploma)		<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	
<input type="checkbox"/> Certificate III (or Trade Certificate)		<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Certificate I		<input type="checkbox"/> Certificate other than listed here	

Do you consider yourself to have a disability or impairment? YES (please identify below) NO

Hearing Impaired/Deaf Physical Other, please state
 Intellectual Learning
 Mental Illness Acquired Brain Impairment
 Vision Medical Condition

Do you need advice on support services, equipment and facilities? Yes No

National Education Services is committed to ensuring a participant is not disadvantaged in their learning. If you feel you may require some assistance with language, literacy or numeracy, please notify your trainer/assessor for confidential information & referral.

Which of the following categories BEST describes the reason for undertaking this training? Please select **ONE** only

To get a job I wanted extra skills for my job
 To develop my existing business To get into another course or study
 To start my own business For personal interest
 To try for a different career For self-development
 To get a better job or promotion Other reasons
 It is a requirement of my job Not specific

A **Unique Student Identifier** must be supplied by everyone who participates in accredited training before a qualification can be released. It is policy that the student must provide the USI at the time of registration, if they require a Certificate or Statement of Attainment to be issued on successful completion. *Failure to do so will delay the issue of such documentation.*
Please attach a copy of the email confirming your USI to this form to prevent delays in processing your qualification.

PRIVACY NOTICE AND APPLICANT DECLARATION: The information provided by you in this application form will be used by National Education Services for the purpose of general participant administration, planning and communication with trainer/assessors. The information contained herein will be provided to government agencies for statistical collection and analysis. By providing this information you consent to National Education Services obtaining all personal information necessary for the purpose of your application and course. Information provided will be held securely and will be accessed only by relevant personnel. Please refer to the Privacy Policy in the student handbook or on our website for further information.

By signing this Registration Form you agree to, and understand, these conditions and will adhere to National Education Services policies and those of the relevant State/Territory and/or Commonwealth Training Authorities.

You further declare:

I have used my full and legal name on this Registration Form and this is the name I used to register for my USI.

Participant Signature: _____ **Date:** _____