

Business Services Training Package APPLICATION EVIDENCE REQUIREMENTS

Your entry into the program is based on the information you provide in this application.

Entry level skills for a Certificate IV

Students would be expected to be performing management duties with more independence and decision making under the following conditions:

- you are autonomous, working under general guidance from others
- you may supervise others, give direction and lead teams
- you have responsibility for the limited organisation of work of others
- you apply knowledge with depth and a range of skills and roles as well as operate in a variety of workplace contexts
- you are involved in some complexity of decision making and use competencies with routines, methods and procedures, and use some direction and judgement for self and others in using resources, services and processes to achieve outcomes.

Evidence required to meet the entry requirements should include:

- Certified copy of your results for a Certificate III from the Business Services Training Package

OR

- Certified copy of your results for a previously recognised equivalent business program at this level

OR

- Grade 12 education and evidence of three (3) years relevant work experience which demonstrates your skill level as described above and currently employed at a responsible level in business

Should insufficient evidence be supplied, you will be recommended to complete a Certificate III from the Business Services Training Package before commencing Certificate IV studies.

For assistance regarding this application form, please call the Office in 07553 6199

Business Services Training Package APPLICATION EVIDENCE REQUIREMENTS

Your entry into the program is based on the information you provide in this application.

1. Family Name

Given Name

Male Female

Date of Birth	D	D	M	M	Y	Y	Y	Y
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Residential Address

Postcode				

Postal Address *(please state "as above" if same)*

Postcode				

Temporary Address Only effective from ___/___/___ to ___/___/___
(please state "as above" if same)

Postcode				

Work contact phone number

Home contact phone number

Fax number (if available)

Email address (if available)

2. Employment

Tick which of the following describes your employment status

- Employed - full time
- Employed - part time/casual
- Self-employed
- Unemployed

Employer details

Name	
Contact	
Address	
Phone	
Fax	
Email	

3. Citizenship

- | | |
|--|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Student Visa |
| <input type="checkbox"/> Australian Permanent Resident | <input type="checkbox"/> Other Visa please specify |
| <input type="checkbox"/> New Zealand Resident | _____ |

4. Special entry

If you do not have the minimum entry requirements for the program/s you have chosen, you may apply for special entry. Please mark the appropriate category.

	Professional experience and/or other special consideration for mature aged applicants
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(Attach details)

5. Support Needed

This section does not form part of the enrolment process, but is important to the success in your chosen course.

If you have:

- a physical/learning/physiological disability; or
- a medical condition; or
- English language needs

that could affect your learning, please describe below so possible support needs can be assessed.

6. Educational achievement

High School

Highest year level successfully completed

Year completed

Name of qualification

TAFE/University/Private Provider

Have you successfully completed other qualifications since leaving school?

YES NO

Student Declaration

Please read carefully

- I confirm the accuracy of the information provided.
- If offered a position in my chosen program, I will provide original documentation if required to support my application – DO NOT SEND ORIGINALS NOW – PLEASE PROVIDE COPIES CERTIFIED BY A JUSTICE OF THE PEACE or COMMISSIONER OF DECLARATIONS.
- I understand that I must provide evidence of concession eligibility at the time of enrolment. Evidence will not be accepted after the enrolment has been processed.
- Whilst every endeavour will be made to conduct all advertised programs, DRA Safety Specialists reserves the right to change advertised delivery details of program offerings.

Student signature

Date

How did you become aware of the program?

(This information is used for the purpose of DRA market research)

<input type="checkbox"/> School	<input type="checkbox"/> Internet
<input type="checkbox"/> Career Day	<input type="checkbox"/> Print Media
<input type="checkbox"/> Contact Centre	<input type="checkbox"/> Past / Current Student
<input type="checkbox"/> Other (please specify)	<input type="text"/>

Name of qualification	Year completed	Organisation issuing qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach certified copies of all supporting material to the back of this application

PREFERRED PROGRAM(S)

Program Code

Program Name

CHECKLIST

Please complete before returning you application form. I have ...

- Completed all sections of the Application Form
- Attached a certified copy of all supporting material

Return completed form to:
E-Learning
DRA Safety Specialist
PO Box 1774
OXENFORD QLD 4210

DRA Safety Specialists is collecting the information on this form to assess your eligibility to be accepted into a Business Services Diploma program. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any third party without your consent, unless authorised by law.

FOR COMPLETION BY A DRA SAFETY SPECIALIST ASSESSOR

SUMMARY OF RECOGNITION OF ENTRY REQUIREMENTS FOR BSB _____

Student Name _____

Qualification Areas	Sufficient Supporting Evidence (Assessor's initials and date)	Comments
Business		
HR		
Management		
Marketing		
Admin		
Sales		

**For more information:
Business studies team**

Internet:

E-mail:

Fax:

Post:

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elarning@drasafety.com.au

(07) 5580 6366

PO Box 1774, Oxenford QLD 4210

OFFICE USE ONLY

DATE RECEIVED ____/____/____