


ENROLMENT FORM: TLIF2010

Apply Fatigue Management Strategies

In order to apply for extended hours driving (BFM or AFM) through your employer, a driver of a vehicle with a GVM of over 12 tonnes, or a combination of the total of the GVMs is over 12 tonnes, and/or a 12 or more seater bus/coach, must hold the accreditation of 'TLIF2010 Apply Fatigue Management Strategies'.

Office use only

Enrolment No: **HV**

PARTICIPANT'S DETAILS					 FIELDS WITH (*) ARE MANDATORY FIELDS, AS THEY USED TO MAKE UP YOUR LOGIN				
(*) FIRST NAME (MANDATORY)			MIDDLE NAME		(*) LAST NAME (MANDATORY)				
HOME POSTAL ADDRESS				SUBURB		STATE		POST CODE	
MOBILE/PHONE		EMAIL ADDRESS (THIS IS THE EMAIL ADDRESS WE WILL BE EMAILING YOUR LOGIN INSTRUCTIONS TO)							
POSITION IN COMPANY: <input type="checkbox"/> MANAGER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER (PLEASE ADVISE)									
YOUR DOB AND LICENCE NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO MAKE UP SOME OF YOUR LOGIN INTO THE SYSTEM →				(*) DATE OF BIRTH (MANDATORY)		(*) DRIVER LICENCE NUMBER (MANDATORY)			
IF YOU SUCCESSFULLY COMPLETE THIS COURSE AND ARE DEEMED COMPETENT YOU WILL RECEIVE A 'STATEMENT OF ATTAINMENT'. WHERE DO YOU REQUIRE US TO MAIL THIS TO? →						<input type="checkbox"/> YOUR HOME ADDRESS AS NOTED ABOVE, <u>OR</u> <input type="checkbox"/> TO YOU VIA YOUR EMPLOYER			
EMPLOYER'S DETAILS (IF APPLICABLE)									
EMPLOYER'S NAME (ONLY COMPLETE IF YOU WANT US TO DEAL WITH YOU VIA YOUR EMPLOYER)									
EMPLOYER'S POSTAL ADDRESS				SUBURB		STATE		POST CODE	
IF APPLICABLE - 2 X EMPLOYER'S CONTACT THAT YOU REQUIRE US TO ALSO EMAIL DETAILS TO:									
1 ST NAME		1 ST PHONE		1 ST EMAIL ADDRESS					
2 ND NAME		2 ND PHONE		2 ND EMAIL ADDRESS					
SUPPORT, SERVICES & SPECIAL NEEDS									
CIRCADIAN AUSTRALIA will take every possible action to ensure we support you throughout your training and assessment process. If at any point throughout your course you require any assistance or support please discuss these needs with CIRCADIAN AUSTRALIA's staff and we will do our best to help. If you have any special needs, including language, literacy or learning issues, please notify our staff prior to enrolment to allow us to cater for your needs. If you do not notify us of any condition that may affect your learning, we will not be able to assist you if the need arises.									
YOUR RIGHTS									
As part of your training and assessment, you have various rights. CIRCADIAN AUSTRALIA wants to ensure your learning experience is both beneficial and enjoyable. If you feel you need to complain about an aspect of service or training and assessment you may do so verbally or in writing. Appeals on any decision made by CIRCADIAN AUSTRALIA may be lodged with the Director and must be done so in writing. For more information on your rights, please talk to our staff.									
STUDENT HANDBOOK									
I hereby acknowledge receipt of a Student Handbook which I have read and understand. I understand my responsibilities as a student while enrolled with CIRCADIAN AUSTRALIA. I understand the responsibilities of the registered training organisation and am aware that should I require additional information about CIRCADIAN AUSTRALIA's Policies and Procedures they will be made available to me on request.									
PARTICIPANT'S SIGNATURE					EMPLOYER'S SIGNATURE (IF APPLICABLE)				
<input type="checkbox"/> YES <input type="checkbox"/> NO I have attached a legible copy of my driver licence or other proof of ID (showing my signature). Participant's signature..... Participant's name..... Date					I hereby certify that the person nominated on this form is an employee of the above company. Authorised by (signature) Authorised by (name) Date.....				

FAX FORM TO: (07) 3319 6602 - OR EMAIL TO: info@circadianaustralia.com.au

ENROLMENT FORM: TLIF3063

Administer the Implementation of Fatigue Management Strategies

IMPORTANT - As part of our course criteria, you must already hold accreditation for 'TLIF2010A Apply Fatigue Management Strategies (or TLIF1007C)', and a copy of your certificate **with your signature on it must be attached**. If you do not already have TLIF2010A accreditation, please contact our office for further information on how to complete the TLIF2010A course online.

Office use only

Enrolment No: **SR**.....

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POSITION IN COMPANY: <input type="checkbox"/> MANAGER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER (PLEASE ADVISE)			
YOUR DOB AND LICENCE NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO MAKE UP SOME OF YOUR LOGIN INTO THE SYSTEM →		(*) DATE OF BIRTH (MANDATORY)	(*) DRIVER LICENCE NUMBER (MANDATORY)
I HOLD ACCREDITATION FOR 'TLIF2010A APPLY FATIGUE MANAGEMENT STRATEGIES' (or TLIF1007C) & MY CERTIFICATE IS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU SUCCESSFULLY COMPLETE THIS COURSE AND ARE DEEMED COMPETENT YOU WILL RECEIVE A 'STATEMENT OF ATTAINMENT'. WHERE DO YOU REQUIRE US TO MAIL THIS TO? →		<input type="checkbox"/> YOUR HOME ADDRESS AS NOTED ABOVE, <u>OR</u> <input type="checkbox"/> TO YOU VIA YOUR EMPLOYER	
EMPLOYER'S DETAILS (IF APPLICABLE)			
EMPLOYER'S NAME (ONLY COMPLETE IF YOU WANT US TO DEAL WITH YOU VIA YOUR EMPLOYER)			
EMPLOYER'S POSTAL ADDRESS		SUBURB	STATE POST CODE
IF APPLICABLE - 2 X EMPLOYER'S CONTACT THAT YOU REQUIRE US TO ALSO EMAIL DETAILS TO:			
1 ST NAME	1 ST PHONE	1 ST EMAIL ADDRESS	
2 ND NAME	2 ND PHONE	2 ND EMAIL ADDRESS	
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PARTICIPANT'S SIGNATURE		EMPLOYER'S SIGNATURE (IF APPLICABLE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO I have attached a legible copy of my driver licence or other proof of ID (showing my signature). Participant's signature..... Participant's name..... Date		I hereby certify that the person nominated on this form is an employee of the above company. Authorised by (signature)..... Authorised by (name) Date	

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