

APPLICATION FORM

All sections of this form must be completed.

COURSE NAME - **Statement of attainment in Certificate II in Security Operations (Pre-Licence)**

START DATE _____

Where did you hear about the course? _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ POST CODE: _____

DATE OF BIRTH: _____

Is English your second language (Please circle) Y\N. All students must undertake Language, Literacy and Numeracy assessment prior to starting your Security Course.

CONTACT NUMBERS

HOME: () _____ MOBILE: _____

FAX: () _____ EMAIL: _____

Emergency Contact Name: _____

Phone: _____

Do you suffer from a medical condition that may affect your ability to complete this course?

Yes No

I Declare that:

- I understand my responsibilities and obligations as a student at JPR Security Services.
- I have been advised of the accreditation status of the course and the course provider
- I have been advised of the qualification to be issued on successful completion
- I have received an outline of the course and understand the requirements
- I understand course cancellation guidelines and fee payments
- I have read and understand the course information and assessment criteria
- All information I have provided is correct and true

Signature of Applicant: _____ Date: _____

NB: All applicants must be Australian Citizen or a Permanent Resident of Australia

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