

# 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.

If yes, it is a legal requirement that you undertake and 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

Please tick this box if you do not wish to receive information relating to your course/industry.

In 50 words or less, explain why you wish to become a security officer and why you think you will do well in this industry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**Payment Options:**

**All payments to be made out to JPR Security Services – Level 6, 11 York St, Sydney 2000**

Cheque       Money Order       Credit Card

**Amount Payable (circle):      Security 1A1C1G only      \$650      Security 1A1C1G & Senior First Aid      \$700**

**Credit Card Payment Authority**

Card Type: Please circle  
Bankcard      MasterCard      Visa (we do not accept Amex)

Card Number      Expiry Date

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Cardholder's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Authorised Amount: \$ \_\_\_\_\_

You may also pay cash in person prior to the course. **Our office hours are Mon – Fri, 8.30am – 5.30pm**

**Fax: 8002 0240 P: 8002 0239**