

Please complete all fields. Incomplete applications will not be processed.

DIPLOMA OF MANAGEMENT APPLICATION FORM

Participant details

Salutation Mr Mrs Miss Ms Dr Other

First Name

Last Name

Tel Mobile

About your role

Job title

How long have you been in this job?

Who are you responsible to?

Do you have a team that you are responsible for?

Do you use any of the following in your job? Please tick the ones that apply

<input type="checkbox"/> Operational plans	<input type="checkbox"/> Budgets	<input type="checkbox"/> Risk analysis
<input type="checkbox"/> Production reports	<input type="checkbox"/> Resource procurement	<input type="checkbox"/> Performance reports
<input type="checkbox"/> Manuals (work instructions)	<input type="checkbox"/> Procedures	<input type="checkbox"/> Occupational health and safety planning
<input type="checkbox"/> Key performance indicators	<input type="checkbox"/> Organisational strategies goals and targets	

How often do you meet with your Supervisor or Manager?

Are you responsible for your team's performance?

Which of the following categories best describes your current employment status?

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed (not employing others)
<input type="checkbox"/> Employer	<input type="checkbox"/> Employed (unpaid in a family business)	<input type="checkbox"/> Unemployed (seeking full-time work)
<input type="checkbox"/> Unemployed (seeking part-time work)	<input type="checkbox"/> Not employed (not seeking employment)	

Which of the following categories best describes your main reason for undertaking this course/traineeship/apprenticeship?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It's a requirement of my job
<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> For personal interest or self development
<input type="checkbox"/> Other reasons (please specify)	<input type="text"/>	

Please turn over...

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Language and Cultural Diversity

In which country were you born? Australia Other (please specify)

Do you speak a language other than English at home? No, English only Yes (please specify language that is spoken most often)

How well do you speak English? Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal origin Yes, Torres Strait Islander origin

Education History

Are you still attending secondary school? No Yes

What is your highest completed school level?

<input type="checkbox"/> Completed Year 12	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Completed Year 11	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Completed Year 10	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Completed Year 9 or equivalent					
<input type="checkbox"/> Completed Year 8 or lower	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did not attend high school	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you completed any of the following qualifications? No Yes (please select the qualification below)

<input type="checkbox"/> Bachelor Degree or Higher Degree	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma or Associate Diploma	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate IV or Advanced Certificate	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate III or Trade Certificate	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate II	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate I	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	completion year is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider yourself to have a disability, impairment or long term medical condition?

No Yes If YES, the disability or medical condition is describe as:

Hearing/Deaf Learning Medical Physical Vision

Intellectual Mental Illness Acquired Brain Impairment

Other

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PARTICIPANT DETAILS

* Salutation Mr Mrs Miss Ms Dr Other

* First Name

* Last Name

* Position

* Date of birth

* Organisation

* Industry

* Tel Mobile

* Email

PREFERRED CORRESPONDENCE ADDRESS

Home Work

* Address

* Suburb

* State * Postcode

MEMBERSHIP AFFILIATIONS

Please advise if you are a member of these organisations to receive your member rate.

APESMA | please specify member number:

ALIA AUSIMM FSU

HOW DID YOU FIND OUT ABOUT THIS COURSE? *

Chifley website Chifley monthly updates

APESMA e-news Google

My company intranet Friend or colleague

Event (pls specify)

Other (pls specify)

PROGRAM SELECTION *

Diploma of Management [BSB40807]			
Module	Module Name	Competency	
1	Personal Organisation and Development	BSBWOR501A	
3	Operational Planning	BSBMGT515A	
4	Workplace Safety	BSBOHS509A	
5	Team Effectiveness	BSBWOR502A	
6	Information Systems	BSBINM501A	
7	Customer Service	BSBCUS501A	
8	Continuous Improvement	BSBMGT516A	
10	Learning and Development	BSBLED501A	
13	Budgets and Financial Plans	BSBFIM501A	
14	Managing Projects	BSBPMG510A	
15	People Performance	BSBMGT502B	
17	Risk Management	BSBRSK501A	

Fees

For a list of program fees, please refer to www.chifleycompetency.edu.au

If you wish to apply for credit from previous completed studies achieved at TAFE colleges or other RTOs, please phone Chifley Business School.

Please note

To attain the Diploma of Management qualification, you must complete 8 modules.

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REFUND AND CANCELLATION POLICY

Chifley Business School reserves the right to cancel any course. When a course has been cancelled by Chifley Business School, full refunds are offered to all registered participants. Cancellation fees apply for participants withdrawing from Chifley Business School's Certificate and Diploma Programs. Chifley Business School must be advised of any cancellation in writing or by email.

When a student is withdrawing within 3 months of payment, a refund of the module fee, less a \$100 (inc GST) administration fee, will be made to the registered participant. Participants who have submitted an assessment will not be eligible for a refund.

PAYMENT *

Please choose a payment option that suits you. To ensure your place, payment must accompany this form. If payment is not enclosed, Purchase Order details should be completed. Payment must be received prior to the commencement of the course.

<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
<input type="checkbox"/> Purchase Order (please attach copy)	<input type="checkbox"/> Telegraphic Transfer (please phone for details)	<input type="checkbox"/> Cheque (please enclose)	Make cheque payable to Chifley Business School Pty Ltd

CREDIT CARD PAYMENT

Name on card	<input type="text"/>
Credit card number	<input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/>
Signature	<input type="text"/>

INVOICE

Please send a copy of the invoice to Participant Other (please provide details below)

First Name Last Name Email

PRIVACY STATEMENT

The collection and handling of information about participants is a necessary part of establishing and managing participants' achievements. When information can identify a participant then such information is personal information and requirements of the *Information Privacy Act 2000 (VIC)* apply. Chifley Business School confidentially holds all personal information about participants and will release personal information only with the consent and knowledge of the participant, or when legally required to do so.

Your enrolment will be an indication of your consent to utilise any necessary information to administer the program by Chifley Business School. You may obtain details of your personal information held by Chifley Business School by contacting Chifley Client Care on (61)3 9695 8800.

DECLARATION

I declare that to the best of my knowledge the information I have supplied in this application is correct and complete. I have read the relevant refund and cancellation policy and privacy statement. I acknowledge that it is my responsibility to ensure that I seek any course advice that I may require. I acknowledge that while I am enrolled in a Chifley Business School program I am subject to the legislation, policies and procedures of that program.

* Signature	<input type="text"/>		
* Print Name	<input type="text"/>	* Date	<input type="text"/>

Please complete this form and return to:

Post: Chifley Business School | GPO Box 1272, Melbourne VIC 3001
Facsimile: 03 9695 8901

Confirmation of your registration will be emailed within 5 working days.
If you do not receive confirmation, please contact us.

Chifley Business School Pty Ltd | ABN 40 068 999 093
RTO ID 22365