

Registration form



IMPORTANT Please read the following before completing and sending in this form.

1. Please complete all relevant sections of this form in BLOCK LETTERS.
2. Please source a copy of the Participant Handbook from the HIA website hia.com.au or from your local HIA office. This handbook provides you with detailed information on the HIA Code of Practice, Terms and Conditions for a HIA training course, Code of Ethics, participant rights and responsibilities and more.
3. Where a course of study forms part of a licence, participants should be aware each State and Territory has specific requirements in regards to experience, skills, knowledge, and qualifications needed to gain a licence. HIA is able to assist in gaining technical requirements for a licence. Check with your state or territory authority for full details on other requirements.
4. All enquiries should be directed to HIA Training Services on 1300 650 620.

PRIVACY STATEMENT Information collected by HIA is used, stored and disposed of in accordance with the National Privacy Principles as set out in the Commonwealth Privacy Act 1988. Information that is provided to HIA may be covered by the Freedom of Information Act 1992. This information may also be used for the purposes of confirming an applicant's details (as required).

RETURN COMPLETED FORM TO:

HIA Training Services
nsw_training@hia.com.au

SECTION 1: COURSE DETAILS

Course name: Wet Area Waterproofing

Course commencement date: 20-21/7/2022

SECTION 2: APPLICANT DETAILS

Full legal name: _____

Preferred name: _____

Job title: _____ HIA Member Number: _____ CITB Number (if in SA): _____

Residential address: _____ Suburb: _____ State: _____ Postcode: _____

Postal Address (if different to residential address): _____

Email: _____ Date of birth: _____ Male / Female: _____

Contact number: _____ Mobile number: _____

Emergency contact: _____ Relationship: _____ Phone: _____ Mobile number: _____

Do you have any reading, writing, learning or access issues that you may require assistance with? Y / N Details: _____

Have you undertaken any prior training that may count towards this course? Y / N Details: _____

ACT Registrations The ACT Building and Construction Industry Training Fund Authority (TFA) is responsible for providing funding for the training of eligible workers in the ACT Building and Construction Industry. A worker is eligible for funding only if his/her company or organisation is substantially (at least 80%) engaged in carrying out work described in the "Schedule of Work" within the ACT.

Is your organisation engaged in carrying out at least 80% of its work within the ACT? Y / N

SECTION 3: PAYMENT Course Fee \$690 for members \$730 non members

If you are registering your interest for nationally recognised training, you will be contacted and provided with additional Enrolment paperwork. The payment details you provide on this form will be processed after the additional paperwork has been completed and your enrolment can be confirmed by HIA.

Payment amount: _____ Payment method: Credit Card Cheque / Money order Cash

For cash, cheque or money order – please present to HIA Training Staff with this form. For credit card payment, see below

Card type: VISA MASTERCARD AMERICAN EXPRESS

Card number: _____ Expiry date: _____

Card holder's name: _____ Card holder's signature: _____

SECTION 4: DECLARATION

I hereby declare that

- I have read, understand and will comply with all policies and procedures as outlined in the HIA Participant Handbook.
- I have read, understand and agree to the HIA's Terms and Conditions and Refund policy.
- I am adequately informed of the requirements and expectations of the course prior to registration.
- I have received and understand the information provided regarding entry requirements, including but not limited to literacy and numeracy requirements for this course and I believe I meet these requirements.
- The information I have provided is true and correct to the best of my knowledge.
- Should I provide incorrect information and documentation relating to my registration I understand that this may result in the cancellation of my course.
- I authorise HIA to release information regarding my registration to any Government Department and other parties when HIA is legally obliged to do so.

Name: _____ Signature: _____ Date: _____

If this statement was read to you, the person who read the statement must sign below:

Name: _____ Signature: _____ Date: _____

If you are under 18, your enrolment must be approved by a parent or guardian. Please have them sign below:

Name: _____ Signature: _____ Date: _____