

Energy Efficiency - Quote Form

This form is to be completed and returned to Education In Building in order for us to provide you with a written quote in the course you select. This form is to be sent to:

**Email:**  paul.k@eib.edu.au

or

**Post:** **Education In Building**

Head Office

96A Trudy crescent

Cornubia

QLD 4130

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| **Energy Efficiency Quote Form** |

*Please tick ✓and supply information where required.*

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| Student Details | | | | | | | | | | | | | | | | | | | | | | | |
| Title: (Mr Mrs) | | |  | | | | | | | | | | | | | | | | | | | | |
| First Name: | | |  | | | | | | | | | | | | | | | | | | | | |
| Middle Name: | | |  | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | | | | | | |
| DOB: DD/MM/YYYY | |  | | |  |  |  |  | |  |  | |  |  | |  | |
| Home Address: | | |  | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | | | | | | | | | |
| State: | | |  | | | | | | | | | | | | | | Postcode: | | |  | | | |
| Postal Address: (if different) | | |  | | | | | | | | | | | | | | | | | | | | |
| Contact Telephone No: | | |  | | | | | | | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | | | |
| Gender: |  | | | Male: | | | | |  | | |  | | | Female: | | | |  | | Other: |  |
| Unique Student Identifier Number: | | | | | | | | |  | | | | | | | | | | | | | |

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| **Nationally Recognised Qualification** | | | |
| *Please tick 🗸 the qualification you wish to apply for:* | | | |
| Certificate IV in NatHERS Assessment | CPP41212 |  |
| Certificate IV in Home Sustainability Assessment | CPP41110 |  |

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| **Education** | | | | | |
| Was your schooling in: | Australia | | | |  |
|  | Outside Australia | | | |  |
| If outside of Australia, Name of country |  | | | | |
| What was the highest completed school level? | | | | | |
| Completed Year 12 | | | | |  |
| Completed Year 11 | | | | |  |
| Completed Year 10 | | | | |  |
| Completed Year 9 or equivalent | | | | |  |
| Completed Year 8 or below | | | | |  |
| Are you still enrolled in secondary or senior secondary education? | | Yes |  | No |  |

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| **Previous Training Undertaken** | | |
| *Please supply information where required.* | | |
| If you have completed training in any of these Residential Building Thermal Performance tools? Please provide us with the version number, date completed and training providers name. | | |
| **BERSPro** | Version Number |  |
|  | Training Provider |  |
|  | Date training completed |  |
| **AccuRate** | Version Number |  |
|  | Training Provider |  |
|  | Date training completed |  |
| **FirstRate5** | Version Number |  |
|  | Training Provider |  |
|  | Date training completed |  |

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| **Employment Details** | |
| *Please choose one of the following categories that best describes your current employment status.* | |
| Full-time employee |  |
| Part-time employee |  |
| Self-employed – not employed by others |  |
| Self-employed – employing others |  |
| Employed – unpaid worker in a family business |  |
| Unemployed – seeking full time work |  |
| Unemployed – seeking part time work |  |
| Not employed – not seeking employment |  |

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| **Cultural diversity** & **language** | | | | | | |
| *Please supply information where required.* | | | | | | |
| Where you born in Australia? | | | Yes |  | No |  |
| If no, which country where you born? | |  | | | | |
| Are you of Aboriginal Origin? | | | Yes |  | No |  |
| Are you of Torres Strait Islander Origin? | | | Yes |  | No |  |
| Are you a Permanent Resident of Australia? | | | Yes |  | No |  |
| Is English the main language spoken within your home? | | | Yes |  | No |  |
| If no, please state the main language spoken within the home | |  | | | | |
| Do you consider yourself to have a permanent disability, impairment or a long-term condition in any of the following? | | | | | | |
| Vision | | | | | |  |
| Hearing | | | | | |  |
| Physical | | | | | |  |
| Learning | | | | | |  |
| Other |  | | | | | |

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| **Proof Of Identification** | |
| *Please provide one of the following with this enrolment as proof of your identification.* | |
| Drivers Licence |  |
| Medicare Card |  |
| Australian Passport |  |
| Visa (with Non-Australian Passport) for International Students |  |
| Birth Certificate (Australian) \* please note a Birth Certificate extract is not sufficient |  |
| Certificate of Registration by Descent |  |
| Citizenship Certificate |  |
| ImmiCard |  |

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| **Previous qualifications achieved** | | |
| *Please supply information where required.* | | |
| Have you successfully completed any of the following Qualifications? *(tick any applicable boxes)* | | |
| Level Achieved | Name of Qualification | Year Achieved |
| Advanced Diploma or Associate Degree |  |  |
| Bachelor Degree or Higher Degree |  |  |
| Diploma or Associate Diploma |  |  |
| Certificate IV |  |  |
| Certificate III |  |  |
| Certificate II |  |  |
| Certificate I |  |  |

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| **Credits** | | | | |
| **Recognition of Prior Learning (RPL)** | | | | |
| *Recognition of prior learning is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit.* | | | | |
| Will you be applying for any RPL? | Yes |  | No |  |
| **Credit Transfer** | | | | |
| *Credit Transfer is a system whereby successfully completed units of identical study contributing towards a qualification can be transferred from one course to another.* | | | | |
| Will you be applying for any Credit transfers? | Yes |  | No |  |

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| **Study Reason** | |
| *Please choose one of the following categories that best describes your main reason for undertaking this course.* | |
| To get a job |  |
| To obtain a licence |  |
| To develop my existing business |  |
| To start my own business |  |
| To try for a different career |  |
| To get a better job or promotion |  |
| It is a requirement of my job |  |
| I wanted extra skills for my job |  |
| To get into another course of study |  |
| For personal interest or self development |  |
| Other reasons |  |

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| **Your Additional Information** |
| *Provide additional information you would like to let us know about that will assist us in providing you with the most cost effective and practical quote?* |
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| **Privacy Notice** |

Under the *Data Provision Requirements 2012*, EIB is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by EIB for statistical, regulatory and research purposes. EIB may disclose your personal information for these purposes to third parties, including:

* School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
* Employer – if you are enrolled in training paid by your employer;
* Commonwealth and State or Territory government departments and authorised agencies;
* NCVER;
* Organisations conducting student surveys; and
* Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

* Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
* facilitating statistics and research relating to education, including surveys;
* understanding how the VET market operates, for policy, workforce planning and consumer information; and
* administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

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| **Student declaration and consent** | | |
| I declare that the information I have provided to the best of my knowledge is true and correct.  I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. | | |
| Print Name: |  |  |
| Signature: |  |  |

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| Date: |  |  |  |  |  |  |  |  |  |  |