

ENROLMENT FORM

Qualification	BSB51107 Diploma of Management				
RTO	ProSkills Pty Ltd (31157)				
Student Surname					
Student First Name					
Postal Address					
Suburb				State	Postcode
Date of birth				Gender	
	<small>Day</small>	<small>Month</small>	<small>Year</small>	<small>M / F</small>	<small>Home Phone</small>

Email Address					
Employer's Company Name					
Employer's Address					
Suburb				State	Postcode
Employer's Phone			Employed as		

√ Enrolment			Cost
	Core Units		
	BSBFIM501A	Manage budgets and financial plans	
	BSBMGT502B	Manage people performance	
	BSBMGT515A	Manage operational plan	
	BSBMGT516A	Facilitate continuous improvement	
	BSBLED501A	Develop a workplace learning environment	
	Elective Units		
	BSBPMG510A	Manage projects	
	BSBWOR502A	Ensure team effectiveness	
	BSBHRM504A	Manage workforce planning	
	TOTAL Cost		
	Total		

I agree to abide by the regulation of ProSkills and confirm the accuracy of the information which I have supplied on this enrolment form. I consent for ProSkills and authorised organisations to use this information as detailed in the Privacy Statement. ProSkills will abide by the privacy statement below.

Privacy Statement

The information provided by you on this form will be used by ProSkills and authorised organisations for the purpose of general student administration, communication, program monitoring and evaluation. The information may be disclosed to the employer of apprentices or trainees, new apprenticeship centres. The provision of this information is essential for both enrolment and re-enrolment. Information provided will be held securely and disposed of securely when no longer needed. You may correct or change any personal details provided by contacting ProSkills or authorised organisations.

Signature of Student	Signature of ProSkills Staff Member	Day	Month	Year
			Date	