

This form is to be used where:

- A student who has begun a Cert IV course in CAP is continuing their enrolment at CTI under the postgraduate program.
- The employer agrees to pay course fees associated with enrolment in the postgraduate program.

Student details

First name:	
Last name:	
Home address:	
Phone number (primary):	
Email address:	
Course:	

Employment details

Business name:	
Manager name:	
Business address:	
Business phone:	
Manager email:	

Traineeship / Government Incentives

The employer understands that they are responsible for applying for any applicable government funding, including traineeship incentives.

Course payment details

The following party will be responsible for paying fees for this course.

Name (<i>Business name if applicable</i>):	
Accounts Contact:	
Email Address for invoicing:	

Employer declaration

I understand Career Training Institute's conditions of training and assessment, provision of support services and students' rights and obligations. I understand that information contained in this form may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Print Name _____ Signed: _____ Date: _____

Please return a copy of this completed form to:

admin@careertraining.edu.au

For enquiries telephone 1300 284 111