

Enrolment Form – SIR20116 Certificate II in Community Pharmacy Traineeship

Contact Details									
Full legal name:									
Date of birth / /									
Gender	<input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> Other		
What is the address of your usual residence? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.									
Building/property name:					Flat/unit details:				
Street or lot number:					Street name:				
Suburb:			State:			Postcode:			
Home phone			Work			Mobile			
Personal email									
Alternative email address (optional)									
What is your emergency contact information?									
Emergency contact name									
Relationship to you					Emergency contact number				
What is your postal address (only complete if different to the above)?									
Street address or PO box									
Suburb									
State					Postcode				
Unique Student Identifier (USI) – THIS MUST BE PROVIDED UPON ENROLMENT									
Unique Student Identifier (USI) - From 1 Jan 2015, the Pharmacy Guild of Australia can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device. You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course, getting a white card, or studying at TAFE or training organization. It is important you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faws/i-have-forgotten-my-usi/									
To commence training you will need to provide your Unique Student Identifier number (10 digits).									
My USI number is									
Workplace Details									
Pharmacy name									
Street address									
Suburb									
State					Post Code				
Phone					Fax				
Pharmacy email									

Workplace Supervisor Details	
Surname	
First Name	
Email	
Role / Position in Pharmacy	
Qualification/s held:	
Job/role in pharmacy (Please tick applicable box for your job title)	
<input type="checkbox"/> Pharmacy Assistant	<input type="checkbox"/> Front of shop / retail manager
<input type="checkbox"/> Dispensary Assistant	
<input type="checkbox"/> Other (please specify)	
Employment status (Please tick applicable box)	
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Self-employed – employing others
<input type="checkbox"/> Employed – unpaid worker 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
What date did you commence employment in the pharmacy? _____ Date / /	
How long have you worked in pharmacy? _____ Years _____ Months	
Average hours per week	
School-based trainee (if applicable)	
Name of school	
Current year level	School phone number
School contact (VET Coordinator)	
Schooling	
Are you still enrolled in secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest completed school level?	<input type="checkbox"/> Year 12 or equivalent
	<input type="checkbox"/> Year 11 or equivalent
	<input type="checkbox"/> Year 10 or equivalent
In which year did you complete that school level?	
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or equivalent
<input type="checkbox"/> Year 8 or equivalent	<input type="checkbox"/> Never attended school
Prior Education	
Have you successfully completed OR are you currently undertaking OR enrolled in any of the below following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree
<input type="checkbox"/> Diploma or (Associate Diploma)	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)
<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)
Did you obtain these qualifications in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Prior Education cont.		
Were these qualifications undertaken as a Traineeship or Apprenticeship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously completed a qualification with the Pharmacy Guild of Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Support the sale of Pharmacy and Pharmacist only Medicines <input type="checkbox"/> Certificate II in Community Pharmacy <input type="checkbox"/> Dispensary Assistant qualification	<input type="checkbox"/> Certificate III in Community Pharmacy <input type="checkbox"/> Certificate IV in Community Pharmacy <input type="checkbox"/> Other (please specify)	
Please note: A certified copy of any formal qualifications or training, completed or partially completed, will be required upon enrolment.		
Medical Conditions/Disabilities		
Do you consider yourself to have a disability, impairment or long term condition? If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Mental Illness	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Other (Please specify)
If you answered yes to the above question do you require any assistance to participate in this course?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any relevant information regarding your health, personal circumstances or learning abilities that would affect your study or completion of your training?		
Language, Literacy and Numeracy (LL&N)		
The Pharmacy Guild of Australia is committed to providing language, literacy and numeracy support to its learners. Do you consider you may require language, literacy or numeracy support? Your response and any additional assistance provided will remain confidential		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any relevant information regarding your health, personal circumstances or learning abilities that would affect your study or completion of your training?		
Reason for study (Tick one box only)		
<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a better job/promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study	<input type="checkbox"/> To get a job <input type="checkbox"/> To try a different career <input type="checkbox"/> To start my own business <input type="checkbox"/> For personal interest/ self -development <input type="checkbox"/> To get skills for community / voluntary work	<input type="checkbox"/> Other reasons

Concession	
Do you hold a Healthcare Care, Pensioner Concession Card or a Veterans Gold Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a dependent or spouse of someone who holds any of the above concessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which country were you born?	
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no, what is your residency status?	
Language	
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, other – please specify
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Aboriginal and Torres Strait Islander Status	
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, make both 'Yes' boxes)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander
Recognition of Prior Learning	
<p>Recognition of Prior Learning (RPL) is an assessment process that allows you to gain recognition for skills and knowledge that you may already have. Instead of studying units that you already know, you can gain recognition for these. This may reduce the number of units that you have to complete learner guides for and reduce the time it takes for you to complete your training. If you think you have skills and knowledge from your previous or current work, study, work experience, life experience then you may apply for RPL.</p>	
Would you like to undertake RPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you select that you would like to apply for Recognition of Prior Learning (RPL), you will be contacted by your Guild Trainer to take you through the RPL process and assist you in completing your RPL Application. Please submit the following documents with your enrolment information:</p>	
<input type="checkbox"/> A copy of your current resume including detailed listing of position duties; AND <input type="checkbox"/> Certified copies of any relevant qualifications	
Credit Transfer	
<p>Guild Training is committed to ensuring compliance with the VET Quality Framework by recognising qualifications and statements of attainments issued by other Registered Training Organisations (RTO).</p> <p>Under the recognition principle Guild Training accepts the credentials issued by another Registered Training Organisation based in any State/Territory of Australia. All current and potential learners who hold qualifications or statements of attainment from other RTO's will have these qualifications recognised and receive the appropriate credit transfers or recognition opportunities.</p>	

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

SIR20116 Certificate II in Community Pharmacy

Unit Overview

This qualification is designed to provide new employees, or those who are new to the industry, with the basic skills required to operate effectively in a community pharmacy environment. Skills and knowledge included in this qualification include: basic product knowledge, pharmacy operations, communication skills, customer service skills and basic prescription procedures.

Please read the unit descriptors included in this document to assist you in understanding the units you will be completing.

Credit Transfer

If you have selected that you would like to apply for credit, please attach the following documents to this form:

- A copy of the relevant qualification or Statement of Attainment (certified as true and correct by your pharmacist)
- A copy of the statement of results (certified as true and correct by your pharmacist)

Please note: Where a credit transfer is successfully confirmed, no fees will apply for those units. Credit transfers must be applied for and approved prior to course commencement.

Recognition of Prior Learning (RPL)

If you select that you would like to apply for Recognition of Prior Learning (RPL), you will be contacted by your Guild Trainer to take you through the RPL process and assist you in completing your RPL Application. Please submit the following documents with your enrolment information:

- A copy of your current resume including detailed listing of position duties; **AND**
- Certified copies of any relevant qualifications

To achieve a SIR20116 Certificate II in Community Pharmacy 12 units must be completed:

- 4 core units
- 8 elective units

For traineeships only:

As specified by the State Training Authority, tuition fees are calculated at \$1.60 per nominal hour for each unit of competency. The calculation for your total course contribution fee is detailed below. Where credits are applicable, the tuition fee will be reduced.

SIR20116 Certificate II in Community Pharmacy

CORE UNITS		<i>Nominal Hours (Traineeships only)</i>	<i>Tuition Fee (Traineeships only)</i>	<i>I would like to apply for credit</i>	<i>I would like to apply for RPL</i>
<i>Unit code</i>	<i>Unit Name</i>				
HLTWS001	Participate in workplace health and safety	20	\$32.00		
SIRCCS001	Interact with pharmacy customers	30	\$32.00		
SIRCIND001	Work effectively in a community pharmacy	15	\$24.00		
SIRCINF001	Use pharmacy practices for infection control	40	\$64.00		
CORE UNIT COST			105	\$168.00	<i>Total Credits</i> \$ _____

ELECTIVE UNITS		<i>Nominal Hours (Traineeships only)</i>	<i>Tuition Fee (Traineeships only)</i>	<i>I would like to apply for credit</i>	<i>I would like to apply for RPL</i>
<i>Unit code</i>	<i>Unit Name</i>				
SIRRINV001	Receive and handle retail stock	35	\$56.00		
SIRCPA004	Assist customers with oral care products	20	\$32.00		
SIRCPA006	Assist customers with skin and anti-fungal products	20	\$32.00		
SIRRMER001	Produce visual merchandise displays	35	\$56.00		
SIRXSL002	Follow point-of-sale procedures	20	\$32.00		
SIRXIND002	Organise and maintain the store environment	20	\$32.00		
SIRXSL001	Sell to the retail customer	20	\$32.00		
SIRCIND002	Support the supply of Pharmacy Medicines and Pharmacist Only Medicines	15	\$24.00		
ELECTIVE UNIT COST			185	\$296.00	<i>Total Credits</i> \$ _____
TOTAL UNIT FEE				\$464.00	
LESS CREDIT DEDUCTION (IF APPLICABLE)					

Unit Descriptors SIR20116 Certificate II in Community Pharmacy

CORE UNITS	UNIT DESCRIPTORS
SIRCCCS001 - Interact with pharmacy customers	This unit will provide you with the skills and knowledge required to provide basic customer service to community pharmacy customers. It requires the ability to greet and serve customers and cover a range of customer service enquiries including routine customer problems. The unit also addresses the skills required to work with others in the pharmacy team to deliver excellent customer service.
SIRCIND001 - Work effectively in a community pharmacy	This unit will provide you with the skills and knowledge required to work effectively in a community pharmacy by developing your knowledge of workplace rights and responsibilities, your pharmacy's policies and procedures and by using effective work practices to plan and your organise daily work activities.
SIRCINF001 - Use pharmacy practices for infection control	This unit will provide you with the skills and knowledge required to prevent cross transmission of infection. You will learn how to follow pharmacy infection control guidelines and use safe and hygienic practices. This unit will also provide you with skills to clean and disinfect equipment and surfaces and safely dispose of waste.
HLTWS001 - Participate in workplace health and safety	This unit will provide you with the skills and knowledge required to participate in safe work practices to ensure your own health and safety, and that of others. This unit includes identifying and reporting faults and problems, according to work health and safety (WHS) legislation and pharmacy policies. It also covers procedures for emergency situations, evacuation, accident and illness.

ELECTIVE UNITS	UNIT DESCRIPTORS
SIRRINV001 - Receive and handle retail stock	This unit will provide you with the skills and knowledge required to receive and store pharmacy stock. It requires the ability accept to check stock quality and quantity against order requirements and maintain cleanliness of stock-handling areas. You will also learn how to store stock correctly, restock pharmacy shelves and the correct presentation of stock of stock in the pharmacy.
SIRCPA004 - Assist customers with oral care products	This unit will provide you with the knowledge and skills to work with customers to assist them with oral care products. This will include the required questioning protocol, product and health care information and self-care practices. Topics covered within this unit include the structure of your teeth and gums, common teeth and mouth conditions such as tooth decay, mouth ulcers and dry mouth. Also included is the range of oral care products including toothpastes, tooth brushes, mouth washes and denture cleaners, adhesives and pads.
SIRCPA006 - Assist customers with skin and anti-fungal products	This unit will provide you with the skills and knowledge required to gather information about customer needs, and provide suggestions and information on Pharmacy Medicines (S2) and unscheduled skin and anti-fungal products. It requires the ability to identify and act on triggers for referral to a pharmacist for therapeutic advice and supply of Pharmacist Only Medicines (S3). This unit includes product information on antibacterial and infection or infestation treatments, anti-fungal treatments, anti-pruritics and moisturisers and skin protection products.
SIRRMER001 - Produce visual merchandise displays	This unit will provide you with the skills and knowledge required to display pharmacy merchandise. It requires the ability to prepare, produce and maintain merchandise displays in accordance with visual merchandising requirements and pharmacy policies and procedures.
SIRXSL002 - Follow point-of-sale procedures	This unit will provide you with the knowledge and skills to operate the point-of-sale system in your pharmacy, apply pharmacy policies and procedures to a range of transactions, interact with customers, and package or wrap an item for transportation. It covers demonstration of the ability to operate a range of point-of-sale equipment in order to complete sales, returns and exchange transactions, and process a number of methods of payment, according to pharmacy policies.

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SIRXIND002 - Organise and maintain the store environment	This unit will provide you with the knowledge and skills to organise and maintain work areas in a pharmacy environment. It involves applying personal hygiene practices and the organised use of equipment and chemicals to keep the workplace tidy, clean and safe. This unit covers the ability to demonstrate and apply knowledge of workplace policies, guidelines and manufacturer instructions in order to use tools, chemicals and equipment for the safe and efficient cleaning, organisation and maintenance of work areas. It also includes cleaning the work area, reporting an accident or incident, cleaning equipment and products, chemical and hazardous substances and disposing of waste.
SIRXSL001 - Sell to the retail customer	This unit will provide you with the skills and knowledge required to deliver quality customer service and sell to retail customers. It requires the ability to determine customer needs, provide advice on pharmacy products and services, match products and services to the customer needs. You will also learn how to finalise the sale and provide after-sales service.
SIRCIND002 - Support the supply of Pharmacy Medicines and Pharmacist Only Medicines	This unit will provide you with the knowledge and skills required to support the supply of Pharmacy Medicines (S2) and Pharmacist Only Medicines (S3) to customers in community pharmacy. This unit covers the role of the pharmacy assistant, quality in a community pharmacy, understanding medicines, medicine schedules and Pharmacy Medicines and Pharmacist Only Medicines. Also included in this unit are pharmacy protocols, dealing with specific medicines, communicating with your customers and privacy and confidentiality.



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POST, FAX or EMAIL back to the Pharmacy Guild of Australia, Queensland Branch

 PO Box 457 Spring Hill Qld 4004  +61 7 3832 0871  admin.training@qldguild.org.au

Payment form and terms and conditions – TRAINEESHIP

Student Name:		Pharmacy Name:	
Email Invoice to:	<input type="checkbox"/> Student <input type="checkbox"/> Pharmacy	Email address:	
Employer Contribution - \$550		Student Contribution - \$464 (For school based traineeship, no student contribution payable)	
<input type="checkbox"/> Please charge employer contribution only (\$550)		<input type="checkbox"/> Please charge employer total fee (\$1,014)	
<input type="checkbox"/> Upfront employer contribution payment only \$550 <input type="checkbox"/> Payment Plan – 4 x monthly installments of \$137.50		<input type="checkbox"/> Upfront total payment \$1,014 <input type="checkbox"/> Payment Plan – 6 x monthly installments of \$169	
<i>*Guild Training Administration will adjust the course fee accordingly if prior training credited.</i>			
Employer Contribution			
Payment method	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Direct debit		
<input type="checkbox"/> Please invoice pharmacy	Guild Member Number:		
Please make cheque/money order payable to:	The Pharmacy Guild of Australia Queensland Branch		
Card number		Expiry date	
Name on card		Signature	
I approve payment to be taken from my credit card as per the amount shown above			
Signature		Date	
Direct debit details (payment plan only)			
BSB:		Account Number:	
Account Name:			
Account holder declaration	I authorise the Pharmacy Guild of Australia, Queensland Branch (The Guild) 435415, to arrange, through its own financial institution, a debit to your nominated account any amount The Guild has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (following). By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and The Guild as set out in this Request and in your Direct Debit Request Service Agreement.		
Signature		Date	
<ul style="list-style-type: none">• Payment Plan - The first installment will be due within 5 working days of receipt of enrolment			

OFFICE USE ONLY – COURSE CODE: TUCE2




COURSE FEES: \$ _____



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EMAIL back to the Pharmacy Guild of Australia, Queensland Branch

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Payment form and terms and conditions – TRAINEESHIP

(Only to be completed and returned if student contribution being paid by student)

Student Name:		Pharmacy Name:	
Email Invoice to:	<input type="checkbox"/> Student <input type="checkbox"/> Pharmacy	Email address:	
Student Contribution - \$464			
<input type="checkbox"/> UPFRONT PAYMENT \$464		<input type="checkbox"/> PAYMENT PLAN – 4 x monthly installments of \$116	
<i>*Guild Training Administration will adjust the course fee accordingly if prior training credited.</i>			
Payment method	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Direct debit		
Please make cheque/money order payable to:	The Pharmacy Guild of Australia Queensland Branch		
Card number		Expiry date	
Name on card		Signature	
I approve payment to be taken from my credit card as per the amount shown above			
Signature		Date	
Direct debit details (payment plan only)			
BSB:		Account Number:	
Account Name:			
Account holder declaration	I authorise the Pharmacy Guild of Australia, Queensland Branch (The Guild) 435415, to arrange, through its own financial institution, a debit to your nominated account any amount The Guild has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (following). By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and The Guild as set out in this Request and in your Direct Debit Request Service Agreement.		
Signature		Date	
<ul style="list-style-type: none">• Payment Plan - The first installment will be due within 5 working days of receipt of enrolment			

OFFICE USE ONLY – COURSE CODE: TUCT2




COURSE FEES: \$ _____



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Terms and conditions

Pharmacy Guild of Australia, Queensland Branch Training Division's Cancellation and Refund Policy

Where a student cancels or discontinues their training, the student or their employer depending on who is paying for their course is responsible for notifying training administration in writing. The refund will be paid within two (2) weeks from the day on which training administration receives the written notification of training cancellation. The refund will be paid to the same person or body from whom the payment was received.

	UPFRONT PAYMENT	PAYMENT PLAN Employer / Student
No training commenced	Fee refunded less enrolment fee of: \$250 – Full Certificates \$150 – Short Courses	Fee refunded less enrolment fee of \$250
Training commenced	Fee refunded for units not yet completed less enrolment fee of: \$250 – Full Certificates \$150 – Short Courses	Fee refunded for units not yet completed less enrolment fee of: \$250 – Full Certificates \$150 – Short Courses
Training cancelled by the Guild	Full refund	Full refund

I have read and agreed to the above cancellation and refund policy.

Learner Declaration

I declare, to the best of my knowledge, the information supplied on this form is true and correct.

I authorise & consent for the Pharmacy Guild of Australia to provide my employer with the results for the unit SIRCIND002 Support the supply of Pharmacy Medicines and Pharmacist Only Medicines to be used as evidence during a Quality Care Pharmacy Program (QCPP) assessment. This evidence can only be provided during my employment with the pharmacy.

Yes No

I authorise & consent for the Pharmacy Guild of Australia to provide the Guild's authorised printer with my details of learning & assessment resources are to be sent to my pharmacy.

Yes No

I authorise & consent for the Pharmacy Guild of Australia to access my USI record to confirm my date of birth & previous education/qualification details.

Yes No

I declare that the information I have provided (or will provide) in connection with my application to enrol & in connection with any study progression (as applicable) is true & correct, & I authorise The Pharmacy Guild of Australia (The Guild) to verify any facts I have provided. I hereby consent to the information being provided to a third party for this purpose. I understand that if any information I have provided is found to be incomplete, inaccurate, false or misleading, this application may be cancelled &/or any offer of credit transfer or Recognition of Prior Learning (RPL) made to me, &/or my actual admission or enrolment in a course or unit, may be withdrawn, revoked or terminated (as applicable).

Yes No

I agree to comply with all the Training Terms and Conditions included in this Enrolment Form and specifically agree that I will comply with the obligations set out in Clause 10 of the Training Terms and Conditions.

Signed:

Date / /

Parent / Guardian Signature (if Student is under 18)

Date / /

Employer Declaration

I declare, to the best of my knowledge, the information supplied on this form is true and correct.

I agree to comply with all the Training Terms and Conditions included in this Enrolment Form and specifically agree that I will comply with the obligations set out in Clause 9 of the Training Terms and Conditions.

Signed:

Date / /



Privacy Statement

Under the *Data Provision Requirements 2012*, the Pharmacy Guild of Australia 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), may be used or disclosed by the Pharmacy Guild of Australia for statistical, administrative, regulatory and research purposes. The Pharmacy Guild of Australia may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorized agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Terms and Conditions

By signing the attached 'Enrolment Form' ('**Enrolment Form**') and forwarding that form to PGA, the Learner and the Employer have agreed with the PGA to comply with these terms and conditions ('**Terms**'). These Terms supersede and prevail over any other terms and conditions included in any purchase order, confirmation or other document or communication from the Learner or the Employer to PGA.

1. Definitions: In these Terms:

- (a) '**Employer**' means the person described in the Enrolment Form attached to these Terms who employs the Learner;
- (b) '**GST**' means GST as defined in the A New Tax System (Goods and Services Tax) Act 1999 as amended from time to time or any replacement or other relevant legislation and regulations;
- (c) '**PGA**' means The Pharmacy Guild of Australia ABN 84 519 669 143 of Level 2, 15 National Circuit, Barton, Australian Capital Territory, Australia.
- (d) '**Learner**' means the person described in the Enrolment Form attached to these Terms and who is employed by the Employer;
- (e) '**Training Qualification**' means the qualification or qualifications described in the Enrolment Form; and
- (f) '**Training Materials**' means any materials provided by the PGA to the Learner with respect to a Training Qualification including without limitation, any qualification notes, data presentations, case studies and assessment activities.

2. Enrolment: On receipt of the Enrolment Form, PGA may, in its sole discretion, either enrol the Learner in one or more of the Training Qualifications, or decline to enrol the Learner in one or more of the Training Qualifications. If PGA enrolls a Learner in a Training Qualification, it will notify the Learner in writing of such enrolment (such notice will specify the date, time and location of the Training Qualification).

3. Cancellations: If the Learner is enrolled in a Training Qualification, he or she may cancel that enrolment by notifying PGA in the manner set out in the 'Payment, Refund and Cancellation Policy' prior to the start of that Training Qualification. The Learner and the Employer each acknowledge and agree that PGA will apply the 'Payment, Refund and Cancellation Policy'.

4. Qualification fees: The fees for enrolling in a Training Qualification are as set out in the Fees and Charges form (Fees). PGA may, from time to time, vary the Fees by publishing those prices within its new Enrolment Forms.

5. Payment of fees: The Fees must be paid by either the Learner or the Employer at the time the Enrolment Form is submitted to PGA. The Learner and the Employer each acknowledge that PGA will not enrol the Learner until the Fees are paid as per the payment schedule or dates provided.

6. Qualification rescheduling: The Learner and the Employer each acknowledge and agree that PGA may cancel, postpone, reschedule or relocate any Training Qualification due to low enrolments or other unforeseen or unexpected circumstances. If PGA exercises this option, PGA will use its reasonable endeavours to notify Learners of any such change to a Training Qualification as early as practicable in the circumstances. The Learner and the Employer each acknowledge and agree that PGA will apply the 'Payment, Refund and Cancellation Policy' set out in the Enrolment Form.

7. Intellectual Property Rights: Any intellectual property rights subsisting in the Training Materials are owned by PGA and, where appropriate, its licensors. The Learner and the Employer must not reproduce, modify, enhance, adapt, translate, publish, perform, communicate, or create any derivative work based on, the whole or any part of the Training Materials. The Learner and the Employer must not remove, deface or obscure any identification, trade marks, proprietary or copyright notice on any part of the Training Materials. No intellectual property rights are assigned or licensed by PGA to either the Learner or the Employer under these Terms. The Learner and the Employer must not take any action, or cause any third party to take any action, contesting the ownership rights set out in this clause and must do all things necessary or convenient to give effect to this clause 7.

8. Use of Training Materials: The Learner may use the Training Materials solely for undertaking the Training Qualification to which the Training Materials relate. The Learner must not distribute, disclose, sublicense, rent, lease or sell or otherwise grant or transfer any interest in the whole or any part of the Training Materials to any person, except with the prior written consent of PGA.

- 9. Employer Obligations:** The Employer must:
- Comply at all times with its obligations under the training contract between the Employer and the Learner in respect of the Learner's apprenticeship or traineeship and which has been lodged with the relevant authorities ('**Training Contract**');
 - Provide the Learner with appropriate on-the-job training, support and supervision which at a minimum complies with the Training Contract and training plan between the Learner, the Employer and the PGA ('**Training Plan**');
 - Monitor the progress of the learner and ensure the Learners Guide is completed and returned to PGA in accordance with the Learner's Training Plan;
 - Ensure the Learner's pharmacist/supervisor is available to check the Learner's progress and monitor that the Learners Guide is being regularly completed and forwarded for assessment;
 - Ensure that the Learner's pharmacist/supervisor signs the Assessment Sign-Off form and Supervisors Evidence Report at the back of the Learners Guide; and
 - Comply with the National Code of Good Practice for Australian Apprenticeships, the Training Plan, the Training Contract and relevant Australian Government and State/Territory laws (including, without limitation, those that relate to occupational health and safety, discrimination and Australian apprenticeship/traineeship arrangements)
- 10. Learner Obligations:** The Learner must:
- Comply with its obligations in the Training Contract;
 - Follow the Training Plan and make all reasonable efforts to ensure that units are completed by the dates specified in the Training Plan;
 - Ensure the pharmacist/supervisor of progress in relation to the apprenticeship/traineeship;
 - Ensure that the pharmacist/supervisor signs the Assessment Sign-Off form and Supervisors Evidence Report at the back of the Learner Guides; and
 - Comply with the National Code of Good practice for Australian Apprenticeships and relevant Australian Government and State/Territory laws (including, without limitation, those that relate to occupational health and safety, discrimination and Australian apprenticeship/traineeship arrangements).
- 11. Exclusion of Liability:** To the extent permitted by law and except any implied term, condition or warranty the exclusion of which would contravene any statute or cause any part of these Terms to be void ('**Non-excludable Condition**'), PGA and its related bodies corporate disclaim and exclude all terms, conditions and warranties implied by custom, the general law or statute.
- 12. Several Liability:** An agreement, representation or warranty on the part of two or more persons binds them separately.
- 13. Governing Law:** These Terms are governed by the laws in force in the Australian Capital Territory in Australia. The parties irrevocably and unconditionally submit to the non-exclusive jurisdiction of the courts of that Territory and any courts which have jurisdiction to hear appeals from any of those courts and waives any right to object to any proceedings being brought in those courts. These Terms constitute the entire agreement between the parties relating to the subject matter of these Terms and may only be varied by the written agreement of the parties

Fees, cancellation and refund policy

Fees and charges

Guild Training has a Fees and Charges policy which is fair and equitable. This policy is available on our website. Specific information regarding fees, charges and payment terms will be provided prior to enrolment. Fees and charges for User Choice traineeships are based on prices set by State/Territory Training Authorities. Fee-for-service qualification prices are set after consultation between state Branches and the National Secretariat. Learners who hold appropriate health care or concession cards may be granted concessions on tuition or administration fees. Guild Training has a policy in place to protect fees paid in advance. This policy is in line with the VET Quality Framework. Should any unforeseen circumstance occur where Guild Training is unable to complete the delivery and assessment of Training Services, the learner and employer will be able to continue their study with another provider at no additional cost.

Refund, cancellation and transfer policy

Guild Training has a refund, transfer and cancellation policy that is fair and equitable. Learners will be provided with specific information regarding refunds, cancellation and transfers during the enrolment process. This information is documented on all enrolment forms. Learners may appeal by stating any special circumstances which they feel may entitle them to a full or partial refund. Appeals must be in writing and contain full documentation supporting the claim. Some states/territories have specific cancellation and refund requirements and these are listed at the end of this document. Fees will be refunded in full where:

- The qualification does not start on the agreed starting date which is notified in the letter of offer, or
 - Illness or disability prevents a learner from taking up a qualification (on submission of medical certificate).
- No refund of qualification fees will be made where your enrolment is cancelled for any of the following reasons:
- Failure to maintain satisfactory qualification progress or failure to maintain satisfactory attendance.
 - Failure to pay qualification fees.

Further information regarding specific state and territory fees, charges, refunds and cancellation policies and requirements will be provided to the learner and the employer during the enrolment process.