



Fire Protection Association Australia

Enrolment Form

PRMPFES43A – Prevent Ozone
Depleting Substance and Synthetic
Greenhouse Gas Emissions

Student ID: (office use only)

Personal Details

Surname: _____ Gender: (please circle) Male/Female _____

Given Names: _____

Title: _____ Date of Birth: _____

Postal Address

Address: _____ Town: _____

State: _____ Postcode: _____

Home phone: _____ Work Phone: _____

Mobile phone: _____ Email: _____

Emergency Details or Next of Kin

Contact name: _____ Phone number: _____

Employment Details

Employer: _____ Supervisor: _____

Address: _____ Town: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Education Details

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?
IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (If yes, tick all applicable boxes)

Bachelor Degree or Higher Degree

Adv. Diploma/Associate Degree

Diploma Level

Certificate IV

Certificate III

Certificate II

Certificate I

Family Background

DO YOU SPEAK ENGLISH AT HOME? Y/N
If no, please specify.

How well do you speak English?	Very Well	Well
Please tick (v) one box	Not Well	Not at all

Were you born in Australia? Y/N
If no, please specify.

Are you of Aboriginal or Torres Strait Islander Origin? Please tick one box

Yes, Aboriginal

No

Torres Strait Islander

Please indicate if you hold current FPA Australia membership.

Non-member

FPA Australia membership No. _____

Declaration

- I hereby agree to pay all fees and charges applicable to and arising from this enrolment.
- I authorise FPA Australia to release information regarding my enrolment to any Government Department and other parties when FPA Australia is legally obliged to do so.
- The statements that I have made in this enrolment form are true and correct.
- I was adequately informed of the requirements and expectations of the course prior to enrolment.
- I have read and understood the *FPA Australia Training Handbook*.
- I have made contact with an FPA Australia registered Workplace Assessor to discuss the assessment process.

Signature _____ Date ____ / ____ / ____

Please tick the unit you wish to enrol in.		
Unit title	Prerequisite Units	Assessment Fee
<input type="checkbox"/> PRMPFES43A Prevent ozone depleting substance and synthetic greenhouse gas emissions		\$132

Please indicate if you are undertaking this training for the following purpose:	Licence Class required:
<input type="checkbox"/> To gain an Extinguishing Agent Handling Licence (EAHL)	
<input type="checkbox"/> Building Services Authority (BSA) Licence (Queensland)	
<input type="checkbox"/> For educational purposes	

Payment of fee

Fees are GST exempt.

Level of FPA Australia membership	Enrolment Cost (per unit)
Non-member	\$85.00
Personal member	\$65.00
Employee of current Corporate Bronze or Organisation member	\$58.50
Employee of current Corporate Silver or Gold member	\$55.25
Employee of current Corporate Platinum member	\$52.00
Assessment Fee:	\$
Enrolment Fee:	\$
Total amount due:	\$

Attach payment of the fee to this form or provide your credit card details below.

	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Card number:	_____ / _____ / _____ / _____			
Expiry date:	_____ / _____			
Name on card:	_____			
Fee:	\$ (assessment fee) _____ + \$ (enrolment fee) _____ = \$ _____			
Signature:	_____			