



CPP20521 Certificate II in Fire Protection Inspection and Testing Enrolment Form

This form is used to enrol in the CPP20521 Certificate II in Fire Protection Inspection and Testing course.

All fees listed on this form are **GST free** and include the following:

- The non-refundable enrolment fee;
- Readings and Workbooks;
- Work placement (As Required);
- First Theory and practical assessments; and
- Educator support.

When completing this form, be sure to print clearly and legibly in all required fields. Incomplete or illegible forms may delay your enrolment.

Once pages 2 and 3 are completed, you will need to select your Electives on page 4. If you are unsure of which electives to choose, contact our student administration office on 1300 72 1444 and speak to the course co-ordinator.

Assessments are conducted primarily in Sydney N.S.W. but may also be conducted in other states of Australia subject to sufficient student numbers in that state. Students will be notified 60 days prior to the assessment by their course co-ordinator. Please indicate your state or territory preference on page 4 (This is not a guarantee that the assessment will be conducted in that state).

A deposit of \$1000.00 is required to secure your enrolment. The remaining balance is due 60 days after enrolment unless you are on an approved payment plan.

Note: You have one (1) year from your enrolment date to complete this qualification, excluding Scheduled Assessments and Covid 19 Health and Safety Orders *.

Please indicate if you are enrolling in this course for any of the following:

- To apply for an EAHL Qualified Persons License.
- To apply for a QLD BSA License.
- To gain qualifications leading towards the FPAA, Fire Protection Accreditation Scheme.

Lodging your Enrolment Form

Once you have completed your enrolment form, return to:

RTO Admissions Officer
O'Halloran Fire & Medical Pty Limited
P.O. Box 303
Horsley Park 2175

or

enrolments@ofm.edu.au

Applicant Details

Title	Given Name/s	
Surname	D.O.B.	
Home Address	Post Code	
Mailing Address (If different from home address)	Post Code	
Home Phone	Mobile	Work Phone
e.Mail Private	e.Mail Work	
Unique Student Identifier (USI) See www.usi.gov.au	Driver's License Number / State / Expiry	
If you are undertaking this course as parts of a Traineeship or Apprenticeship, please provide your Employers Name and Phone Number		

Applicant Declaration (Tick each box below to acknowledge your understanding)

- The information I have provided in this application is true and correct.
- I the Applicant or Employer hereby agree to pay all course fees and charges that may arise from this enrolment and acknowledge that no assessments, academic transcripts or certificates will be issued while course fees are outstanding.
(Circle Applicable)
- I understand that this course has a non-refundable enrolment fee of \$1000.00.
- I understand that there is a **one (1) year time limit** * to complete this course.
- I understand that minimum PPE provided by me consisting of a hardhat, safety glasses, high visibility long sleeve shirt, long pants and steel capped work boots are required to be worn for work placements and assessments as required.
- I understand that this course consists of distance learning material that will involve reading and completing workbook tasks that will need to be studied prior to attending assessment sessions.
- I understand that information concerning my enrolment will be disclosed to Government Departments and other entities as required by law.

Applicant Signature	Employers Name and Signature (If Paying Fee's)	Date

Government Required Enrolment Data Collection

Language and Cultural Diversity

Were you born in Australia? Yes No If no, specify country & town

How well do you speak English?

- Very Well Well
 Not Well Not at all

Do you speak a language other than English at home? Yes No

If yes, specify

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal
 Yes, Torres Strait Islander Yes, Both

Disability

Do you consider yourself to have a disability, impairment or long term condition? Yes No If Yes, select applicable below

- | | | |
|--|--|---|
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision/Blindness | <input type="checkbox"/> Other |

Schooling

What is your highest completed school level?

- Year 12 or equivalent Year 11 or equivalent
 Year 10 or equivalent Year 9 or equivalent
 Year 8 or below Never attended school

In which year did you complete that school level?

Are you still attending secondary school? Yes No

Previous qualifications attained

Have you successfully completed any of the following qualifications? If yes, select all that are applicable

- | | |
|---|--|
| <input type="checkbox"/> Bachelor or higher degree | <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> 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"/> Certificate other than the choices provided |

Employment

Of the following categories, which best describes your current employment status? Select only one

- | | |
|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Employer |
| <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 |

Study reason

Of the following categories, which best describes your main reason for undertaking this study? Select only one

- | | | |
|---|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get a better job or 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"/> For personal interest/self-development |
| <input type="checkbox"/> Other reasons | | |

Course subject requirements

To meet the course requirements, you must complete seven core and six elective subjects.

Core subjects – Select what you do not possess

- BSBOPS203** Deliver a service to customers
- BSBPEF202** Plan and apply time management
- CPPCMN2002** Participate in workplace safety arrangements
- CPPFES2004** Identify and report on types of installed fire safety equipment and systems
- CPPFES2005** Demonstrate first attack firefighting equipment
- CPPFES2006** Prepare for installation and servicing operations
- CPPFES2007** Maintain quality of work and promote continuous improvement

Elective subjects – Select 6 in total

- CPPFES2003** Safely move loads and dangerous goods
- CPPFES2010** Inspect and test fire hose reels
- CPPFES2011** Install portable fire extinguishers, fire cabinets and fire blankets
- CPPFES2016** Inspect, test and maintain delivery lay flat fire hoses
- CPPFES2020** Conduct routine inspection and testing of fire extinguishers and fire blankets
- CPPFES2021** Inspect, test and maintain fire extinguishers
- CPPFES2025** Inspect, test and maintain gaseous fire-suppression systems
- CPPFES2026** Inspect and test emergency and exit lighting systems
- CPPFES2027** Inspect, test and maintain non-gaseous pre-engineered fire-suppression systems
- CPPFES2029** Conduct functional tests on fire detection, warning and intercommunication devices
- CPPFES2035** Identify, inspect and test fire and smoke doors
- CPPFES2037** Inspect and test fire hydrant systems
- CPPFES2039** Identify, inspect and test passive fire and smoke containment products and systems
- CPPFES2043** Apply regulations to prevent ozone depleting substance and synthetic greenhouse gas emissions
- CPPFES2047** Inspect and test control and indicating equipment
- CPPFES2048** Receive and dispatch scheduled gaseous fire-extinguishing agents
- CPPFES2049** Conduct recovery, reclaim and fill operations for scheduled gaseous fire-extinguishing agents
- CPPFES2050** Monitor storage operations for scheduled gaseous fire-extinguishing agents
- CPCPFS3040** Conduct basic functional testing of water-based fire-suppression systems
- CPCPFS3041** Inspect and test fire pumpsets

Assessment State Preference

- Adelaide
 Brisbane
 Melbourne
 Sydney

Course Cost

The fee for the course is **\$3050.00**.

Payment of a \$1000.00 non-refundable enrolment fee is required with this application to secure your enrolment. Once this fee is received your first course readings and workbook will be issued.

The remaining balance must be received within 60 days from enrolment unless you are on an approved payment plan.

Payment details

Payment for this enrolment will be made by: Individual Applicant Employer/Other (Complete details below)

Employer/Other Name		Contact Person
<input type="text"/>		<input type="text"/>
Mailing Address		Post Code
<input type="text"/>		<input type="text"/>
Phone	Contact e.Mail	
<input type="text"/>	<input type="text"/>	

Payment

Cheque / Money Order attached. Payable to: O'Halloran Fire & Medical Pty Limited

EFT Payment. Account Name: O'Halloran Fire & Medical Pty Limited
BSB: 062468
Account Number: 10640229

Include your **Name** as the Payment Reference

Credit Card.



Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

CSV Number: ____ Name on Card: _____
4 Digits for Amex
3 Digits for JCB, Mastercard and Visa

Authorised amount to be processed: A\$ _____

Cardholders Signature: _____

RTO Use Only

- Course Confirmed ID Verified USI Verified E/Fee Received Balance Fee/s Received
 Student Number Issued Resources Allocated Enrolment Not Accepted (Record Reason in Notes)

Notes:

Processing Officer Name	Signature	Date