Radiography & Radiation Safety (RS) Course Enrolment Form
Training in accordance with National Module EA612.

STUDENT DETAILS

Student First Name[1]:		**Date of Birth: / /**
Student Surname[1]:		
Address[1]:		
Suburb/City:	**State:**	**Post Code:**
Phone:	**Mobile:**	
Student Email[1]:		
Payment of Fees by: ☐ **Student** ☐ **Company** By default, where course fees are paid by the company, course feedback and results may be provided to the student's employer, without prior consent. If you **do not** wish this to happen please initial the box to the right.		

[1] The name and address supplied above will be used for all correspondence including certificates and letters of results.

COMPANY DETAILS – only required if Company is responsible for payment of fees

Company Name:		
Billing Address:		
Suburb/City:	**State:**	**Post Code:**
Contact Name:	**Email:**	
Email for Invoice:		
Telephone:		
Company Purchase Order No: (Only for Approved Purchasers)		

COURSE DETAILS

Course	Venue i.e. Melbourne or Perth	Dates	Total Course Fees Payable
Radiography & Radiation Safety			$

I understand the following conditions of enrolment and acknowledge by my signature:-

- This Enrolment is subject to the scheduled course proceeding. In the unlikely event that this course(s) is cancelled, all monies paid to ATTAR will be refunded in full.
- I have read and I understand the ATTAR Student Handbook.
- I will not be allocated a place on my nominated course(s) until all course forms, including the relevant Pre-Course Assessment, have been completed and course fees have been paid in full.
- I acknowledge the pre-requisites for this course as detailed on page 2.

Student Signature:	**Date: / /**

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Student name:	**Date of birth: / /**

PRE-REQUISITE INFORMATION

Pre-requisites
Math Algebra & Trigonometry Maths pre-requisite worksheets can be located at www.attar.com.au or contact ATTAR if you require them to be sent by hard copy.

The Student listed above hereby declares that:

Radiation Safety:

- I understand that this course requires maths knowledge.
- I have completed the Prerequisite Maths Assessment on page 4 of this enrolment form
- I understand that on the commencement of the course I will be examined on my basic maths knowledge to confirm suitability to attend the course, and may be removed from the course if my knowledge is deemed inadequate.

Note:
Due to significant variations in legislature between Western Australia and the other states, the Radiation Safety course held in Western Australia is focused towards meeting the requirements of the WA Radiological Council. Only in WA is the WA Radiological council examination held by default. Should you require a WA Radiological council examination outside of WA please attach a completed Request for Examination form with your course enrolment. Additional study will be required for this examination and will not be conducted in the classroom during the Radiation Safety Course.

☐ I have attached a Request for Examination Form to sit the WA Radiological Council Examination.

Student Signature:	**Date: / /**

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Student name:	**Date of birth: / /**

PAYMENT DETAILS

Payment of Fees by: ***(please tick)*** ☐ **Company** ☐ **Student**

I wish to pay my course fees of $ _____

by: ***(please tick payment method)***

☐ Company Purchase Order – A copy of the Company Purchase Order for **the full course fee** must be supplied with this Enrolment Form (please note, this course is GST Free)

☐ Name of Account: Engineering Materials Evaluation Pty Ltd
Account Number: 02-785-2676
BSB No: 083-004
Bank: National Australia Bank Ltd
Reference: SURNAME AND COURSE ABBREVIATION (i.e. RS or RT)

Please forward enrolment and/or notification of payment to Email: training@attar.com.au

☐ Cheque/Money Order payable to: ATTAR
Postal address: 44 – 48 Rocco Drive, Scoresby VIC 3179

☐ Credit Card: ☐ Mastercard ☐ Visa ☐ AMEX*

Card Number | | | | | | | | | | | | | | | | **Exp Date** | | | / | | |

* CARD Security Code ____ ____ ____ ___

Cardholders Name: _____ Contact Phone:_____

Signature: _____ Date: _____

Cancellation, Transfer & Refund Policy (Summary):

a) For a full refund of fees, all cancellations or transfer requests must be received in writing at least 14 calendar days prior to course commencement.
b) Any cancellations or transfer requests received within 7 – 14 calendar days of course commencement will result in an Administration fee of $250.00 with the balance of fees to be transferred to a future course scheduled no later than 1 year after the original course dates.
c) Any withdrawal or cancellation within 7 calendar days of course commencement where ATTAR is unable to replace your enrolment (or during the course) will result in forfeiture of all fees
d) A copy of the full **Cancellation, Transfer & Refund Policy** can be downloaded from the download section of www.attar.com.au or by contacting us.

Privacy Statement (Summary): ATTAR recognises that the privacy of customer personal information is paramount. ATTAR manages your personal information in accordance with the National Privacy Principles relevant to our business. A copy of the full Privacy policy can be downloaded in the download section of www.attar.com.au or by contacting the technical Director NDT.

Before submitting this Course Enrolment Form to ATTAR, please check the following:-

- I have signed and dated each page of this Student Enrolment Form
- I have completed the Student Pre-requisite assessment on page 4.
- I have completed the payment details required
- My Name and Date of Birth are clearly legible

Enrolments cannot be accepted unless all pages have been completed and full payment supplied.
Please forward your completed Enrolment form to – training@attar.com.au

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Radiation Safety - Pre-requisite Maths Assessment

Q1 If AB = CD, And B=2, C=10, D=5, Calculate A

Q2 If AB = CD, And A=10, B=2,D=5, Calculate C

Q3 If AB = CD, And A = 1000, B=2, C=500, Calculate D

Q4 If $A = \sqrt{B}$ And B = 57, Calculate A

Q5 If $A = B^2$ And A = 76, Calculate B

Q6 If $I_1 D_1^2 = I_2 D_2^2$ And $I_1 = 100$, $D_1 = 1$, $D_2 = 4$, Calculate I_2

Q7 If $I_1 D_1^2 = I_2 D_2^2$ And $I_1 = 60$, $D_1 = 10$, $D_2 = 4$, Calculate I_2

Q8 If $I_1 D_1^2 = I_2 D_2^2$ And $I_1 = 100$, $D_1 = 50$, $I_2 = 5$, Calculate D_2

Q9 If $I_1 D_1^2 = 1_2 D_2^2$ And $I_1 = 6056$, $D_1 = 2$, $D_2 = 3$, Calculate I_2

Q10 If $I_1 D_1^2 = I_2 D_2^2$ And $I_1 = 23456$, $D_1 = 1$, $1_2 = 25$, Calculate D_2

Q11 27km/hr = _____mm/second

Q12 300km l year = _____ mm/second

Q13 127mm/second = _____km/hour

Q14 If a car travels at 60km/hr, how many minutes will it take to travel 5000 metres?

Q15 If a car travels 25km/day how many weeks will it take to travel 11000 km.

I _____ (student name), declare that the above questions were answered without external assistance.

Student name:	**Date: / /**

Note: Candidates who achieve less that 50% in the above assessment will be ineligible for enrolment.

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