

# **ENROLMENT KIT**

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#### WELCOME ENROLMENT KIT

#### **INSTRUCTIONS:**

This form is a fillable form. Please make sure you SAVE IT TO YOUR COMPUTER.

Do not open from an email and complete as your answers WILL NOT SAVE.

You will need to download the FREE Adobe Reader to complete this form: https://get.adobe.com/reader/

Please complete all sections and return via email to: admin@gcm.qld.edu.au

#### INFORMATION:

The QCM Enrolment kit outlines the structure of the courses on offer at QCM, how each course is delivered and the fee structure of each course.

It also includes the expectations that students are required to follow, and a number of forms that students (and parents or guardians if applicable) will be required to complete, sign and return.

- Qualifications
- Delivery models
- Rights and responsibilities
- Sample of complaints and appeals form
- Verification
- An enrolment form
- Consent forms
  - Authority to release to a third party
  - Permission to store USI
  - Permission to photograph
  - o Permission for use of student's work and sound and/or vision
  - Computer Usage
  - Medical information
  - Schedule of Fees



### **QUALIFICATIONS**

The amount of training varies with the qualification however all qualifications require individual practice time, rehearsals, performances, and individual study time.

| Qualification                              | Terms | Weeks per<br>term | Hours per week | Additional hours                      |
|--|-------|-------------------|----------------|---------------------------------------|
| CUA20615 Certificate II in Music Industry  | 4     | 8                 | 4              | Individual practice time, rehearsals, |
| CUA30915 Certificate III in Music Industry | 4     | 8                 | 6              | performances, and                     |
| CUA40915 Certificate IV in Music Industry  | 4     | 8                 | 20             | individual study time.                |
| CU50815 Diploma of Music Industry          | 4     | 8                 | 20             |                                       |

The level of qualification and the units of competency will be discussed with you at the time of the audition. Audition details can be found on the website <a href="https://www.gcm.gld.edu.au">www.gcm.gld.edu.au</a>



# QUEENSLAND COLLEGE OF MUSIC (40821)

## **DELIVERY MODELS**

Students study with QCM in different ways. Some students attend the College, some high school students study in their school using QCM resources and some students are distance music education students.

- 1. A student can attend the College for 20 hours a week for four, 8 week terms.
- 2. A senior high school student studying music at school can attend the College for one day a week for four, 8 week terms.
- 3. A senior high school student can be in a school music class where the school has an agreement with QCM to deliver training on its behalf. QCM provides all learning materials and assessment items to the supervising teacher. All work is assessed to determine competency by QCM staff. RPL is not available for High School students.
- 4. A senior high school student can apply to study with QCM as a distance music education student. The school will approve such arrangement and provide educational support to the learner as detailed in an agreement with the school. QCM provides all learning materials and assessment items to the student. All work is assessed to determine competency by QCM staff. Students will be required to forward videos of performances and evidence of instrumental instruction, practice and rehearsal. RPL is not available for High School students.



#### RIGHTS AND RESPONSIBILITIES OF LEARNERS

#### **RIGHTS RESPONSIBILITIES** Complete all assessment by the end of the Access to a safe learning environment term Access to personal records and results Attend all classes, undertake personal and Personal information to remain private group practices as scheduled and report and confidential absences to the College Quality training, resources and equipment Dress in a manner that reflects well on the College with attention to personal appearance To provide feedback on training and and hygiene assessment Assessment that is fair and flexible and Participate in public performances as that offers RPL opportunities and requested adjustment of assessment task Complete all assessment tasks as required To constructive feedback on assessment and within timelines stated tasks and an opportunity to resubmit Abide by the policies and procedures of the Educational and support services Queensland College of Music. The College has including literacy and numeracy support procedures in relation to reporting hazards, incidents and injuries, dealing with Access to complaints and appeals emergencies and accessing First Aid facilities. processes Take the initiative to consult and negotiate with trainers when problems arise Behave in an acceptable manner, use appropriate language and respect all learners Ensure a safe learning environment for everyone. No alcohol, drugs or smoking on the property Respect for College property and the property of others. No eating or drinking when working at computers or with instruments Inform QCM of change to contact details Pay fees in a timely manner. There will be a 2% interest charge per month on late invoices. Conserve resources



# RIGHTS AND RESPONSIBILITIES OF LEARNERS STUDYING ON QCM'S CAMPUS

- Complete assessments before the end of each term. You will be given due dates for your assessments and will be expected to complete by the due date.
- If you will be absent, please contact QCM admin on <a href="mailto:admin@qcm.qld.edu.au">admin@qcm.qld.edu.au</a>, Ph: 07 3191 8532 AND YOUR INSTRUMENTAL TEACHER to register your absence. (You will be supplied with instrumental teacher contact details). Please arrange a makeup lesson with your teacher and inform QCM.
- A file will be created for you that will store your Learner Guides and
   Assessment Booklets. It will be kept in a filing cabinet in the QCM Admin area.
   You will be shown the location of your file on Orientation day.
  - Please make sure you place your Learner Guides and Assessment Booklets in your File AT THE END OF EACH CLASS. Please do not take them home.
- When not in formal lectures, instrumental lesson or practice time, please remain in the computer or lecture room, completing your assessments. You will be guided in this by your teacher.
- **Bring own stationery** pens, pencils, rulers, notepad, labelled with your name. We will place your stationery kit on file with your documents for the duration of the course.
- Please purchase and bring a USB to each class. Bring your laptop or tablet if you have one.
- Please do not download items or play online games using the QCM wireless, on your own or QCM devices. Excess wireless usage will result in student being banned from access to wireless internet.
- Keep all areas tidy and pack up equipment when you have finished with it and put your rubbish in the bin
- Make sure you pay your invoices on time, within 14 days of invoice being issued. There will be a 2% interest charge per month on late invoices.

### **LEGISLATION**

QCM Pty Ltd. abides by the following legislation and expects the same of its learners.

- Workplace Health and Safety
- Anti-Discrimination including equal opportunity
- The National Vocational Education and Training Regulator Act 2011
- Standards for Registered Training Organisations 2015
- Copyright
- Privacy

By signing below, I acknowledge that I have read and understood and agree to comply with all of the policies and procedures of the Queensland College of Music Pty Ltd (40821) stated within the Handbook and outlined at the Induction.

I have been informed of the:

- course details, duration and fees related to my qualification
- assessment requirements
- my rights and responsibilities
- the process for lodging complaints and appeals
- services available to me

| Student Name:                        |       |
|--------------------------------------|-------|
| Student Signature:                   | Date: |
| (or type SIGNED BY ME and FULL NAME) |       |



# **COMPLAINTS & APPEALS FORM**

| Client's Name:             |                |           |       |
|----------------------------|----------------|-----------|-------|
|                            |                |           |       |
| Natura of Occupations      |                |           |       |
| Nature of Complaint or     |                |           |       |
| Please use specific detail | I (dates etc)  |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
| Complaint or Grievance     | Against:       |           |       |
| ·                          | •              |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
|                            |                |           |       |
| Oliont Cinnature           |                |           | Data  |
| Client Signature:          |                |           | Date: |
|                            |                |           |       |
| (or type SIGNED BY ME      | and FULL NAME) |           |       |
| Accepted by:               |                | Position: |       |
| •                          |                |           |       |
|                            |                |           |       |

The Complaints and Appeals form can be found on the QCM website. http://www.qcm.qld.edu.au/complaints-procedure/



# **ENROLMENT FORM**

Please complete all details on this enrolment form. This will be used to enrol you in the course you are seeking and provide statistical data as required by our registration as a training organisation.

| NAME OF QUALIFICATION APPLYING FOR:                |                                     |                  |  |
|--|-------------------------------------|------------------|--|
|  | CLIA2001E Contificate III i         | n Music Industry |  |
| CUA20615 Certificate II in Music Industry          | CUA30915 Certificate III i          | •                |  |
| CUA40915 Certificate IV in Music Industry          | CUA50815 Diploma of Mu              | usic Industry    |  |
| 10356NAT Certificate IV in Spoken and Written E    | nglish - Further Studies            |                  |  |
| Status: RPL Full Time High School                  | Student Internationa                | al Student       |  |
| PERSONAL DETAILS:                                  |                                     |                  |  |
| Title: First Name:                                 |                                     |                  |  |
| Middle Name:                                       | Last Name:                          |                  |  |
| Date of Birth: / / 20                              | School Year (if applicable)         | :                |  |
| Gender: Male Female                                | Instrument (if vocalist put vocal): |                  |  |
| USI: If no USI apply at https://www.usi.gov.au/    | LUI (school students only):         |                  |  |
| RESIDENTIAL ADDRESS:                               |                                     |                  |  |
| Street:  |                                     |                  |  |
| Suburb:  | Postcode:                           | State:           |  |
| Postal Address: As above OR Fill out details below |                                     |                  |  |
| Street:  |                                     |                  |  |
| Suburb:  | Postcode:                           | State:           |  |
| CONTACT DETAILS:                                   |                                     |                  |  |
| Telephone:   | Mobile:                             |                  |  |
| Email:   |                                     |                  |  |
| SCHOOL CONTACT DETAILS (IF APPLICABLE):            |                                     |                  |  |
| School Name:                                       | School Contact Name:                |                  |  |
| Contact Telephone:                                 | Contact Email:                      |                  |  |

| QCM Enrolment Form (continued)  |  |  |  |
|---|--|--|--|
| <b>EMPLOYMENT DATA:</b> Of the following categories, which BEST describes your current employment status? |  |  |  |
| ☐ Full-time employee ☐ Part-time employee ☐ Not employed (not seeking work)                               |  |  |  |
| ☐ Self- employed ☐ Employer ☐ Employed – unpaid worker  |  |  |  |
| ☐ Unemployed (seeking F/T work ☐ Unemployed (seeking P/T work ☐ Student                                   |  |  |  |
| LANGUAGE AND CULTURAL DIVERSITY:  |  |  |  |
| In which country were you born?  Australia  City of birth:  |  |  |  |
| Other City: Country:  |  |  |  |
| Visa Status: Permanent Resident Holiday Visitor   |  |  |  |
| ☐ Temporary Resident ☐ Student ☐ NZ Citizen   |  |  |  |
| Do you have Australian citizenship?   |  |  |  |
| Do you speak a language other than English at home?   No  |  |  |  |
| Please specify language:  |  |  |  |
| How well do you speak English?  |  |  |  |
| ☐ Very well ☐ Well ☐ Not well ☐ Not at all  |  |  |  |
| Do you identify as being of Aboriginal or Torres Strait Islander origin?                                  |  |  |  |
| □ No □ Yes, Aboriginal □ Yes, Torres Strait Islander  |  |  |  |
| SCHOOLING:  |  |  |  |
| Are you still attending secondary school?   |  |  |  |
| Indicate the highest COMPLETED level of schooling and the year of completion.                             |  |  |  |
| Year 12 or equivalent Year: Year 11 or equivalent Year:   |  |  |  |
| ☐ Year 10 or equivalent Year: ☐ Year 9 or equivalent Year:  |  |  |  |
| ☐ Year 8 or equivalent Year:  |  |  |  |
| PREVIOUS QUALIFICATIONS ACHIEVED:   |  |  |  |
| Have you successfully completed any of the following qualifications?                                      |  |  |  |
| If yes, tick the applicable box or boxes.   |  |  |  |
| ☐ Bachelor degree or higher ☐ Diploma   |  |  |  |
| ☐ Certificate IV or Advanced Certificate ☐ Certificate III or trade certificate                           |  |  |  |
| ☐ Certificate II  |  |  |  |

| QCM Enrolment Form (continued)  |
|---|
| DISABILITY:   |
| Do you consider yourself to have a disability, impairment or a long term health condition?                                    |
| ☐ Yes ☐ No  |
| If yes, please indicate the areas of disability, impairment or long-term health conditions.                                   |
| ☐ Hearing ☐ Physical ☐ Intellectual ☐ Mental  |
| ☐ Vision ☐ Learning ☐ Acquired Brain Impairment   |
| ☐ Medical Condition ☐ Other   |
| If other, please specify:   |
|   |
| REASONS FOR STUDY:  |
| Of the following categories, which BEST describes your main reason for undertaking this qualification?                        |
| ☐ To get a job ☐ To develop my existing business  |
| ☐ To start my own business ☐ To try for a different career  |
| ☐ To get a better job or promotion ☐ To get extra skills for my job   |
| ☐ It is a job requirement ☐ To get into another course of study   |
| ☐ For personal interest/ self-development ☐ Other   |
| If Other please specify:  |
|   |
| TERMS AND CONDITIONS:   |
| I confirm that I have read and accept the terms and conditions related to this enrolment as outlined in the Learner Handbook. |
| Participant Signature: Date:  |
|   |
| (or type SIGNED BY ME and FULL NAME)  |
| For students under the age of 18:   |
| Parent/Guardian Name:   |
| Talent Guardian Name.   |
| Phone: Email:   |
|   |
| Parent/Guardian Signature: Date:  |
| (or type SIGNED BY ME and FULL NAME)  |



## **PERMISSION FORMS**

#### **AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

Completing and signing this form will allow a representative from the Queensland College of Music Pty Ltd to discuss and release aspects of your training records held by QCM to government and regulatory authorities.

| PERSONAL DETAILS:  |            |       |        |
|--|------------|-------|--------|
| Title: First Name:   |            |       |        |
| Middle Name:   | Last Name: |       |        |
| Widdle Name.   | Last Name. |       |        |
| CONTACT ADDRESS:   |            |       |        |
| Street:  |            |       |        |
| Suburb:  | Postcode:  |       | State: |
| CONTACT DETAILS:   | 1          |       |        |
| Telephone:   | Mobile:    |       |        |
| Email:   |            |       |        |
| hereby authorises QCM to the release of information to government and regulatory authorities as required relating to a person's enrolment and completion documentation with the Queensland College of Music Pty Ltd. |            |       |        |
| Student Name:  |            |       |        |
| Student Signature:   |            | Date: |        |
| (or type SIGNED BY ME and FULL NAME)   |            |       |        |
| For students under the age of 18:  |            |       |        |
| Parent/Guardian Name:  |            |       |        |
| Parent/Guardian Signature:   |            | Date: |        |
| (or type SIGNED BY ME and FULL NAME)   |            |       |        |



### **PERMISSION FORMS**

### PERMISSION TO STORE USI FOR STUDENTS

The Australian Government requires all students participating in vocational education qualifications to have a Unique Student Identifier (USI).

The Queensland College of Music is required to collect and verify a student's USI for the purpose of reporting on training activities and to issue a qualification.

| PERSONAL DETAILS:  |                   |            |  |        |
|--|-------------------|------------|--|--------|
| Title:   | First Name:       |            |  |        |
| Middle Name:   |                   | Last Name: |  |        |
| Wildele Warrie.  |                   | Last Name. |  |        |
| CONTACT ADDRES   | SS:               |            |  |        |
| Street:  |                   |            |  |        |
| Ondermaker   |                   | Postcode:  |  | State: |
| Suburb:  |                   | 1 ostoode. |  | otate. |
| I give permission for the Queensland College of Music as a registered training organisation to store my USI in the College's database. |                   |            |  |        |
| Student Name:  |                   |            |  |        |
| Student Signature:   |                   | Date:      |  |        |
| (or type SIGNED BY ME and FULL NAME)   |                   |            |  |        |
| For students under the age of 18:  |                   |            |  |        |
| Parent/Guardian Name:  |                   |            |  |        |
| Parent/Guardian Signature:   |                   | Date:      |  |        |
| (or type SIGNED BY   | ME and FULL NAME) |            |  |        |



#### **PERMISSION FORMS**

#### PHOTOGRAPHIC & MEDIA CONSENT FORM

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the Queensland College of Music Pty Ltd website, in newsletters and publications.

I further acknowledge that my image may be used by the College to promote the College in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

ī

I also understand that my consent can be withdrawn at anytime in writing to the Director at Queensland College of Music Pty Ltd.

| College of Music Pty Ltd.            |       |  |  |
|--------------------------------------|-------|--|--|
| CONSENT FORM                         |       |  |  |
| <ul> <li>I,</li></ul>                |       |  |  |
| Signature of person giving consent:  | Date: |  |  |
| (or type SIGNED BY ME and FULL NAME) |       |  |  |
| For students under the age of 18:    |       |  |  |
| Parent/Guardian Name:                |       |  |  |
| Parent/Guardian Signature:           | Date: |  |  |
| (or type SIGNED BY ME and FULL NAME) |       |  |  |
|                                      |       |  |  |



#### PERMISSION FORMS

#### PERMISSION FOR USE OF STUDENT'S WORK AND SOUND AND/OR VISION

Please read this consent form carefully. By signing the form you are agreeing to allow the Queensland College of Music Pty Ltd, acting to use sound and/or vision of you, the student, or your work for any use, within the limits of item 5. However, if circumstances change in the future and you wish to withdraw your consent, it is your responsibility to contact the Queensland College of Music Pty Ltd in writing and inform them of your wishes.

This document gives the Queensland College of Music Pty Ltd ('QCM'), permission to use works created by students in the course of their studies, or to use sound and/or vision of the student, for purposes associated with the promotion of the Queensland College of Music Pty Ltd.

This does not mean that you, the student, lose ownership rights over your works — simply that the Queensland College of Music Pty Ltd has permission to use your works for the purposes mentioned. Please be aware that work created by you may contain the work of a third party that may be subject to copyright. Permission must be obtained before any copyright work of a third party can be published.

- 1. During the course of my studies provided by the Queensland College of Music Pty Ltd, I may create works that attract intellectual property rights (for example, copyright). These works may form part of my academic assessment or my studies generally.
- 2. These works might include my written work, photographs, videos, films, music, performance, computer programmes, web sites, or any other works I create.
- 3. The Queensland College of Music Pty Ltd may record sound and/or vision of my works and me whilst I am at college or taking part in college-related activities or performances. I also understand that my name may be used in connection with the works.
- 4. The Queensland College of Music Pty Ltd understands that I own the intellectual property rights for my works, my sound and my vision, and that this consent form is not meant to transfer my ownership.
- 5. I give permission to the Queensland College of Music Pty Ltd, to use my works, my sound/vision, and/or my name for:
  - i. media activities;
  - ii. promoting and advertising of the Queensland College of Music Pty Ltd and its students;
  - iii. the Queensland College of Music Pty Ltd publications;
  - iv. any commercial or other purpose;
  - v any activities, if any, identified in the attached schedules.
- 6. The Queensland College of Music Pty Ltd understand that I may choose to give this permission to other people, but I understand that such further consents are subject to the rights given to the Queensland College of Music Pty Ltd in this consent.
- 7. I understand that by giving this permission, the Queensland College of Music Pty Ltd can use my works, my sound and/or my vision in any way it chooses, for the purposes described above. It may reproduce them in any form, in whole or in part, and distribute them by any medium including the Internet, CD-ROM, or other multimedia uses.
- 8. I understand that my works, my sound and/or my vision may be kept on file for an indefinite period of time and that they may be used in the future by Queensland College of Music Pty Ltd for the purposes listed in item 5.
- 9. I warrant that the Queensland College of Music Pty Ltd will not infringe the rights of any third party by exerting its rights given in this consent.

- 10. I understand that the Queensland College of Music Pty Ltd will not pay me for giving this permission.
- 11. I understand that the Queensland College of Music Pty Ltd are not bound to use sound or vision of my works or me.
- 12. If I decide to withdraw my permission at any time, I understand that it is my responsibility to contact the Queensland College of Music Pty Ltd and inform them of my decision in writing.
- 13. I agree that if I withdraw my permission, the withdrawal will not be effective immediately where the Queensland College of Music Pty Ltd has entered into contractual obligations in relation to any of my works, sound and/or vision. In such cases my withdrawal will be effective after the contractual obligations come to an end.

| CONSENT FORM  |       |
|---|-------|
|   |       |
| (Name of person giving consent & parent/guardian if under 18 years of a | ge)   |
| Signature of person giving consent:                                     | Date: |
| (or type SIGNED BY ME and FULL NAME)                                    |       |
| For students under the age of 18:                                       |       |
| Parent/Guardian Name:   |       |
| Parent/Guardian Signature:  | Date: |
| (or type SIGNED BY ME and FULL NAME)                                    |       |



#### PERMISSION FORMS

#### **COMPUTER USAGE POLICY**

For the purposes of this policy, the term "computer" includes all components of a computer work station including associated software, hardware peripherals, website access and emails. QCM will ensure that adequate virus protection software is loaded and active.

#### Students are required to:

- Request permission to access internet sites.
- Store personal documents via USB.
- Log off and turn off computers when session is finished.
- Be mindful of the accumulated size of files they download, recognising the cost of downloading from the internet as an additional expense to QCM.

#### Students must not:

- Load software or store personal information onto QCM computers.
- Use computers to access, download or store illegal or offensive files, images, videos.
- Log on using another person's name, password or identification.
- Transfer, comment on, store or display any sensitive, confidential or private information.

| CONSENT FORM  |       |
|---|-------|
|   |       |
|   |       |
| l,  |       |
| (Name of person giving consent & parent/guardian if under 18 years of a | ge)   |
|   |       |
| agree to abide by the Computer Usage Policy as stated above.            |       |
| Signature of person giving consent:                                     | Date: |
| oignature or person giving consent.                                     | Bate. |
|   |       |
| (or type SIGNED BY ME and FULL NAME)                                    |       |



# **MEDICAL FORM**

| OTUPENT AND CONTACT DETAIL O               |  |                      |
|--|--|----------------------|
| STUDENT AND CONTACT DETAI                  | LS                                       |                      |
| Student name:                              |  |                      |
|  |  |                      |
| School:                                    |  |                      |
|  |  |                      |
| EMERGENCY CONTACT                          |  |                      |
| ·  | y the 1st and 2nd emergency contact unle | ess otherwise stated |
| Relationship to the student: (24/7 co      | ontact number required)                  |                      |
| Phone (home):                              | Phone (work):                            | Phone (mobile):      |
|  |  |                      |
| Email:                                     |  |                      |
|  |  |                      |
| STUDENT'S DOCTOR DETAILS                   |  |                      |
| Name of doctor:                            |  |                      |
|  |  |                      |
| Name of medical practice:                  |  |                      |
|  |  |                      |
| Address:                                   |  |                      |
|  |  |                      |
| Email:                                     |  | Phone:               |
|  |  |                      |
| MEDICAL SPECIALIST DETAILS (if applicable) |  |                      |
|  |  |                      |
| Name of doctor:                            |  |                      |
|  |  |                      |
| Address:                                   |  |                      |
|  |  |                      |
| Email:                                     |  | Phone:               |
|  |  |                      |

| QCM Medical Form (continued)   |
|--|
| It is important to answer the following four questions and provide as much information as possible.  |
| 1. Does the student have a pre-existing medical condition  Yes  No   |
| If yes, please provide details (e.g. severity, medication, special care required):   |
| For severe medical conditions, please attach an Emergency Action Plan  |
| 2. Has the student been diagnosed with any medical condition, not listed above, that a medical practitioner should be aware of if medical treatment is required (including allergies to medication)?             |
| └ Yes  |
| If yes, please provide details (e.g. severity, medication, special care required):   |
| 3. Please list any conditions or health issues, not listed above, that the College should be aware of while they are responsible for the health, safety and welfare of the student.                              |
| MEDICATION   |
| Please give details of any prescribed medication being taken by your child – include dosage, frequency and any doctor's instructions:  |
| Please give details of any non-prescribed medication being taken by yourself/child (For example: paracetamol, travel sickness tablets, diarrhoea tablets, hay fever/allergy tablets, throat lozenges, vitamins): |

QCM Medical Form (continued)

#### **ADMINISTRATION OF MEDICATION**

All medications must be labelled with the student's name and kept with the student at all times during their time at the College and clear written instructions with respect to prescribed medication (and non-prescribed medication, if necessary) must be handed to the supervising staff including dosage to be taken, specific storage conditions, time to be taken and details of administration (for example, to be taken with food).

It will be the responsibility of the student to keep his/her own medications, to store securely and appropriately and administer as required. All medication must be supplied in original packaging. In the case of prescribed medication, the medication must be supplied with a doctor's note confirming the prescription and necessity for a particular condition.

QCM is responsible for the health, safety and welfare of students while they are attending the College and while they are in our care. If the Student becomes ill or has an accident, the supervising staff will contact the Student's emergency contact immediately, in advance of treatment being sought. However, this will not necessarily happen:

- for minor illness or injury;
- in the event of an emergency where immediate action is required;
- if the parent or emergency contact cannot be reached;
- if it is impractical to contact the emergency contact before treatment is sought.

#### I hereby authorise any of the supervising staff to:

- obtain, on my child's behalf, such medical assistance my child may require in the event of an accident or illness; and
- consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner; and
- administer such first-aid as the supervising staff considers to be reasonably necessary; and
- administer or assist my child administer their medication referred to above, in the event of an emergency situation.

I accept liability for all costs incurred in obtaining such medical treatment and undertake to reimburse the College the full amount of any costs incurred on my child's behalf.

| DECLARATION   |                                |
|---|--------------------------------|
| ☐ I hereby declare that the foregoing medical information is true and corinformation. | rect and includes all relevant |
| Student Name:   |                                |
| Student Signature   | Date:                          |
| (or type SIGNED BY ME and FULL NAME)  |                                |
| For students under the age of 18:   |                                |
| Parent/Guardian Name:   |                                |
| Parent/Guardian Signature:  | Date:                          |
| (or type SIGNED BY ME and FULL NAME)  |                                |



# SCHEDULE OF FEES AND CHARGES From August 1 2018

#### **PAYMENT**

Learners will be invoiced per term before training commences. The first term will include course fees for the term, any administration and resource charges. These charges are non-refundable. There will be a 2% interest charge per month on late invoices."

No refund is paid if a learner fails to attend for the term. Once enrolled in the term learners need to be committed and aim to complete at least three units of competency per term. If they withdraw, they can choose to enrol in another term within a twelvementh period or leave and receive a statement of attainment.

#### LOCAL ADULT STUDENT - FULL TIME ON CAMPUS

| Qualification                              | No of Units of Competency | Course Fees | Individual Units |
|--|---------------------------|-------------|------------------|
| CUA20615 Certificate II in Music Industry  | 8                         | \$2200      | \$275            |
| CUA30915 Certificate III in Music Industry | 11                        | \$3025      | \$275            |
| CUA40915 Certificate IV in Music Industry  | 14                        | \$3850      | \$275            |
| CUA50815 Diploma of Music Industry         | 16                        | \$7040      | \$440            |

#### HIGH SCHOOL STUDENT - ONE DAY PER WEEK ON CAMPUS

| Qualification<br>(Includes instrumental training) | No of<br>Units | Course Fees | Individual<br>Units | Individual<br>Instrumental<br>Lessons | TOTAL  |
|---|----------------|-------------|---------------------|---------------------------------------|--------|
| CUA20615 Certificate II in Music Industry         | 8              | \$1100      | \$137.50            | \$1120                                | \$2220 |
| CUA30915 Certificate III in Music Industry        | 11             | \$1512      | \$137.50            | \$1120                                | \$2632 |
| CUA40915 Certificate IV in Music Industry         | 14             | \$1925      | \$137.50            | \$1120                                | \$3045 |
| CUA50815 Diploma of Music Industry                | 16             | \$2760      | \$172.50            | \$1120                                | \$3880 |

#### ADDITIONAL CHARGES FOR ADULT & HIGH SCHOOL STUDENTS

| Audition Fee  | \$70  | Administration Fee | \$100 | Replacement Certificate | \$20 |
|---------------|-------|--------------------|-------|-------------------------|------|
| Resources Fee | \$100 | QCM TShirt         | \$35  |                         |      |

Additional fees also apply for additional studio times and additional individual lessons for instrumental and vocal studies, business and sound production units of competency.

#### **RPL APPLICATION - ADULT STUDENTS ONLY**

Recognition of Prior Learning, also referred to as RPL, is an experience, knowledge and skill assessment process that allows you to attain a nationally-recognised qualification or statement/s of attainment, based on skills and knowledge you will have gained through previous experience – recognised as either formal training or as informal (i.e. on the job) learning. Students may apply for a full course, Unit of Competency or Cluster of Units as an RPL. RPL is not recommended for High School students undertaking a Diploma in Music Industry.

An initial RPL is conducted and if any gaps are recognised the training will be done to suit the unit of competency and the applicants. **Gap Units are charged on top of RPL fees.** 

| Qualification                             | No of<br>Units | RPL FEE | Gap Units      |  |
|---|----------------|---------|----------------|--|
| CUA40915 Certificate IV in Music Industry | 14             | \$660   | \$275 per unit |  |
| CUA50815 Diploma of Music Industry        | 16             | \$1320  | \$440 per unit |  |

#### PARTNER SCHOOL/DISTANCE - TRAINING AND ASSESSING IN SCHOOL

| Qualification                              | No of Units | Cost Per<br>Unit | TOTAL |
|--|-------------|------------------|-------|
| CUA20615 Certificate II in Music Industry  | 8           | \$60             | \$480 |
| CUA30915 Certificate III in Music Industry | 11          | \$60             | \$660 |
| CUA40915 Certificate IV in Music Industry  | 14          | \$60             | \$840 |
| CUA50815 Diploma of Music Industry         | 16          | \$60             | \$960 |

#### ADDITIONAL CHARGES FOR PARTNER SCHOOL STUDENTS

| Resources Fee    | \$100 |
|------------------|-------|
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