

## Australian Alpine Training Institute

### Statement of Understanding

I have been handed the Student Information & Orientation Guide. I understand that I am enrolled in a Traineeship Program to be conducted in my workplace. The Training Consultant has explained the Policies, Procedures and Guidelines within this Guide. I acknowledge that my participation in the course requires me to take ownership of my learning, request assistance from trainer/assessor, seek advice and guidance from my workplace coach, undertake all work requirements and be prepared for scheduled training sessions and complete traineeship tasks in a timely manner, I will also alert The Australian Alpine Training Institute and my employer of change of address if this occurs. I agree to abide by these requirements for the duration of my training with The Australian Alpine Training Institute.

I understand that non-compliance with the requirements will result in disciplinary action at the discretion of my Employer (if applicable), Training Consultant and/or The Australian Alpine Training Institute.

Please Print

First Name: ..... Surname: .....

Student Signature: ..... Position: .....

Date: .....

Course Name: .....

Trainer/Consultant's Name: .....

Witness Name: ..... Witness Signature: .....

Date: .....

In case of emergency please contact: .....

Relationship: ..... Contact Number: .....

Do you have any medical conditions that we should be aware of? Yes  No

If yes please specify: .....

**This statement of understanding must be completed and returned to your training consultant at the first visit.**