



IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE
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EQUIPMENT RECOGNITION APPLICATION

USE: If a student has some equipment that they wish to have assessed as being equivalent to the Imagine Education equipment requirements. To be approved by the Course Trainer. The Course Trainer's decision will be final. Due to Workplace Health and Safety some equipment may not be accepted.

| | |
|-----------------------|---|
| Student Name: | Date: / / |
| Course: | Student No. |
| Email Address: | IS THE STUDENT SVP? Yes / No (Please Circle) |

| | |
|---|---|
| Resource: Please tick ✓ below | |
| Automotive | Hospitality |
| <input type="checkbox"/> Overalls | <input type="checkbox"/> Commercial Cookery Text |
| <input type="checkbox"/> Auto Toolbox | <input type="checkbox"/> Safety Boots |
| <input type="checkbox"/> Safety Boots | <input type="checkbox"/> Chef's Knife Kit |
| <input type="checkbox"/> Texts | <input type="checkbox"/> Chef's Uniform |
| Business/Finance/Children's Services/Aged Care/Fitness | Diploma of Hospitality (Management Stream) |
| <input type="checkbox"/> Texts | <input type="checkbox"/> Texts |
| Hairdressing | |
| <input type="checkbox"/> Tool kit | |
| <input type="checkbox"/> Texts | |
| Comments: | |

Student Signature: _____ **Date:** _____

| FOR OFFICE USE ONLY: | | | |
|---|---|-----------------------|--------|
| Received by: | | Date Received: | / / |
| Checked by: _____ (Student Services) | Book issued / not issued? (Please circle) | Sign: _____ | / / |
| Trainer: | Approved / Declined (Please Circle) | Sign: _____ | / / |
| General Manager: | Approved / Declined (Please Circle) | Sign: _____ | / / |
| Will the cost be deducted / credited? | YES NO | | |
| Actioned by: | | Date Actioned: | / / |
| Student Advised: | | Date Sent: | / / |

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CRICOS Provider No: 02695C
 National Provider Number 31302