

Firearms Safety course



Held in EMERALD by
LENNON TRAINING
RTO#1674

2023 course dates (Category AB) (Category H):

Saturday 11th February

Saturday 04th March

Saturday 01st April

Saturday 13th May

Saturday 24th June

Course fees: \$144 for Cat AB and \$144 for Cat H

Combo price: \$166 for Categories ABH

\$30 discount for EPC financial Club Members

2023 course dates (Category C):

Saturday 04th March

Saturday 01st April

Saturday 13th May

Saturday 24th June

Course fees: \$265 for Category C

\$30 discount for EPC financial Club Members

Bookings essential. Contact us for further information.

(07) 4982 0188 or admin@lennontraining.com

This course is a key part to obtaining your firearms licence in QLD ^

11029NAT – Course in Firearms and Weapons Safety

(approved for firearms licensing in Queensland)

^ Note: persons 11 to 17 years of age may apply for a Minor's Licence.

A minor cannot acquire a firearm on this licence. Section 23 and 23(1)A of the Weapons Regulations 1996 provide guidelines for acquisition of a Minor's Licence.

Notice to Club members: On the above dates, from 12.30pm until approx. 4pm please welcome these trainees who will be conducting their practical at Range 2 or 3.



WWW.lennontraining.com



07 4982 0188



admin@lennontraining.com



Lennon Training Emerald

Qualification: 11029NAT Course in Firearms and Weapons Safety
(approved for firearms licensing in Queensland)

Descriptor: This course is a pre-requisite by the Queensland Police Weapons Licensing Branch for acquiring a firearms licence and contains information about specific safety issues related to firearms and your responsibilities under relevant Queensland legislation.

The above course is open to all persons in Queensland seeking Weapons Act licence/s who are eligible to obtain such licence/s. Given the nature of the course, the requirement to handle firearms and understand the relevant legislation, Lennon Training have the below process in place.

These competencies comply with the Australian Qualifications Framework (AQF) and therefore, a nationally recognised statement of attainment will be issued on successful completion.

Units of Competency within Qualification framework of accredited course 11029NAT:

Schedule	Unit Type	Unit Code	Unit Title
Day 1	Core	NAT11029001	Demonstrate knowledge of weapons legislation, weapons and community safety
Day 1	Elective	NAT11029002	Use Category A and B firearms lawfully, safely and responsibly
Day 1	Elective	NAT11029005	Use Category H firearms lawfully, safely and responsibly

Assessment requirements:

- Candidates must complete all assessment items to a satisfactory standard in order to be deemed competent. This may take the form of written, practical and/or interview.

Overview of assessment:

Unit Code	Unit Title	Example of Assessment Tasks
NAT11029001	Demonstrate knowledge of weapons legislation, weapons and community safety	Multiple choice & short answer assessment Practical demonstration to the Facilitator
NAT11029002	Use Category A and B firearms lawfully, safely and responsibly	Multiple choice & short answer assessment Practical demonstration to the Facilitator
NAT11029005	Use Category H firearms lawfully, safely and responsibly	Multiple choice & short answer assessment Practical demonstration to the Facilitator

LLN entry requirements: Level 2 as outlined on page 15 of this information guide. A scribe is available for assistance **BUT MUST BE BOOKED AHEAD**. Please contact our office should you require this service.

Pre-requisites:

- Complete the pre-enrolment eligibility (Form 33) and the booking enrolment form available from Lennon Training
- Physical ability
- Effective communication

Vocational outcome: pending genuine reason for acquiring licence

Useful link for more information about the Queensland Weapons Licensing Branch:

<http://www.police.qld.gov.au/programs/weaponsLicensing/>

COURSE DETAILS **Upon successful completion, you may be issued the following:**

Occasionally for the purposes of training, monitoring compliance or to enhance safety and educational messages, the digital recording may be undertaken during class. Such data will be used by Lennon Training exclusively. If you do not give approval to be recorded, please indicate here

Date of preferred course:.....

Course: Emerald Firearms Safety course
Unit/s: \$166 (inc \$3.10 gst) (Category ABH) NAT11029001; NAT11029002 & NAT11029005
 \$144 (inc \$3.10 gst) (Category AB) NAT11029001 & NAT11029002
 \$144 (inc \$3.10 gst) (Category H) NAT11029001 & NAT11029005
Qual: in partial completion of **11029NAT Course in Firearms and Weapons Safety (approved for firearms licensing in Queensland)**

Section 1 – PAYMENT DETAILS **Check these details & update as required**

Address for tax invoice:
(list Property or PO Box if applicable):

Section 2 – YOUR DETAILS **Name to match ID.** **Check your details & update as required**

Gender (circle): Male Female Other

First name:

Middle name (optional):

Surname/Family name:

Unique Student Identifier (USI)?

This will be 10 characters long & you would have created it at www.usi.gov.au

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Date of birth (dd/mm/yy):

Your contact phone:

Your usual residential address (use your Street address, Suburb/Town, State, Postcode. This is not your PO Box):

Certs are issued electronically upon supply of valid USI & payment terms being met.

Primary email address/es:

Is there anyone else to be included? -----

For each question below circle or tick response that best describes you. Provide additional information as required

Were you born in Australia?
Yes No If no; which country? -----

Are you of Aboriginal or Torres Strait Islander origin?
No Yes (Both) Yes (Aboriginal) Yes (Torres Strait Islander)

At home, do you speak a language other than English?
No Yes If yes; specify main language -----

What is your highest completed school level? Circle response
Still at school Year 12 Year 11 Year 10 Year 9 or equivalent Year 8 or equivalent Did not go to School

Enrolment Application

Have you successfully completed any of the listed qualifications?

No If yes, tick ANY [] Bachelor or higher degree [] Cert IV (or advanced [] Certificate II
applicable => [] Advanced diploma or associate degree certificate/technician [] Certificate I
Yes [] Diploma (or associate diploma) [] Cert III (or trade cert) [] Other, inc International

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

[] Full-time employee [] Employed – unpaid worker in a family business
[] Part-time employee [] Not employed – not seeking employment
[] Self employed – not employing others [] Unemployed – seeking full-time work
[] Self employed – employing others [] Unemployed – seeking part-time work

Of the following categories, which best describes the main reason you are undertaking this course (Tick ONE box only)

[] To get a job [] It was a requirement of my job
[] To develop my existing business [] I wanted extra skills for my job
[] To try for a different career [] To get into another course of student
[] To get a better job or promotion [] For personal interest or self-development
[] Other reasons

Do you consider yourself to have a disability, impairment or long term condition? Refer disability supplement if explanation required

No If yes, tick ANY [] hearing/deaf [] vision [] intellectual [] other
applicable => [] learning [] mental [] acquired brain impairment
[] physical [] medical condition

Section 3 – STUDENT DECLARATION

I recognise that it is my responsibility to provide all necessary documentary evidence relevant to the above-mentioned training. I authorise the issuing organisation to verify with Lennon Training the authenticity of any qualification I have submitted to Lennon Training as part of my application.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice (see below)

.....
Applicant's signature

...../...../.....
Today's Date

.....
Parent/Guardian signature (for applicants under 18 years)

...../...../.....
Today's Date

Section 4 – PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, Lennon Training is required to collect personal information about and to disclose that personal information to the National Centre for Vocation Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Lennon Training for statistical, regulatory and research purposes. Lennon Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information, and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au)

FORM 33

QUEENSLAND
Weapons Act 1990
Section 53

DECLARATION BY UNAUTHORISED PERSON FOR USE OF A WEAPON AT AN APPROVED RANGE

Ver. 3 — 07/04/09
A2

1. PERSONAL DETAILS

Please use BLOCK LETTERS

Provide details and supporting evidence if your name has changed due to:
• marriage
• deed poll, etc.

Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
	Day		Month		Year														
Town of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Drive licence no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

2. RESIDENTIAL DETAILS

Do not use PO Box for residential address.

Lot on plan (RP No.) can be found on rates notice.

Current address																							
Property name/ Lot on plan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	How long have you lived at this address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																Years	Months						
Postal Address (if different from above)																							
Postal address (e.g. PO Box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Locality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															

3. WEAPONS LICENCE DETAILS

Only complete if you currently hold a weapons licence.

Licence no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
(Only one required)																								
Date issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Day		Month		Year					Day		Month		Year										

4. UNLICENSED PERSON

Only complete if you do not hold a weapons licence.

Have you in Queensland or elsewhere been convicted of:		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<ul style="list-style-type: none"> • murder or manslaughter; or • armed robbery; or • unlawful wounding; or • grievous bodily harm; or • an offence involving drugs, weapons or violence that is prescribed under a regulation punishable by at least 7 years imprisonment. 					
Have you in the last 5 years, been convicted of, or discharged from custody on sentence after being convicted of any of the following?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<ul style="list-style-type: none"> • offence relating to the misuse of drugs; • offence involving the use or threatened use of violence; • offence involving the use, carriage, discharge or possession of a weapon. 					
Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Are you currently subject to a temporary protection order?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Are you prevented by an order of a Queensland or another court outside of Queensland from holding a licence or possessing a weapon unless the order permits such under supervision?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you in the last 5 years been subject to an involuntary assessment order under the Mental Health Act 2000, or similar order under the Mental Health Act 1974, or a similar order in another state?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you ever been refused a licence or has your licence been revoked in the last 5 years?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Has your licence been suspended?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

5. CATEGORY OF PROPOSED WEAPON

Place a cross in applicable box(es).

Please state which category of weapon you intend to possess and use on an approved range under supervision.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A	B	C	D	E	H	M	R

CATEGORY 'A' WEAPONS

- Air rifles;
- Rimfire rifles (other than self-loading);
- Single and double barrel shotguns;
- Miniature cannon under 120 cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or naval gun.

CATEGORY 'H' WEAPONS

- All concealable firearms less than 75 cm in length.

CATEGORY 'B' WEAPONS

- Muzzle loading firearms;
- Single, double and repeating centrefire rifles.

CATEGORY 'M' WEAPONS

As contained in Section 7A(n) of the *Weapons Categories Regulation 1997*

- Any crossbow designed to be discharged by the use of two hands that, when discharged, is capable of causing damage or injury to property or capable of causing bodily harm.

6. SIGNATURE OF UNAUTHORISED PERSON

DECLARATION

I declare that the information I have given is true and correct in every detail and that I am not an excluded person under the provisions of Section 53 of the *Weapons Act 1990*.

Signature of applicant

Date

Day Month Year

Time am/pm

4. RANGE OFFICER

Photo ID includes, but is not limited to;

- Driver licence
- Passport
- 18+ Card
- Weapons Licence
- Student ID Card

I have inspected the above named person's photographic identification.

Yes No

Type of ID

ID. No.

I have also inspected the above named person's weapons licence.

N/A Yes No

I am satisfied

- that the person signing the approved form appears to be the person shown in the photographic identification; **AND** Yes No
- that after inspecting the completed approved form, that the information in this form agrees with the information shown on the above named person's photographic identification; **AND**. Yes No
- that the person is a licensee or is not an excluded person. Yes No

DECLARATION

I declare that the information I have given is true and correct in every detail.

Range Officer's signature

Date

Day Month Year

Range Officer's ID

Privacy Collection Statement

The collection of this information is authorised by the Weapons Act 1990. The information will be used for the administration and enforcement of the Weapons Act 1990. The information you provide will not be used or disclosed without your consent unless such use or disclosure is authorised or required by law, including the Weapons Act 1990 (Qld), Police Service Administration Act 1990 (Qld) and the Information Privacy Act 2009 (Qld). You have a right to access personal information that the QPS holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact PSBA Right to Information and Privacy by email at rti@police.qld.gov.au or by telephone 07 3364 4666.

Payment form – Credit card/Purchase Order

WHO IS THIS FOR?

Provide either your online booking reference:

Or provide the name of student and course **date**

Student name: _____

Course date: _____

Please provide details as requested below
and email to admin@lennontraining.com

CREDIT CARD DETAILS

Total fees authorised: \$ _____

Name on card: _____

Card Number:

Expiry (mm/yy): _____ CCV: _____

Notes on this payment method:

1. EFTPOS are also accepted on day of enrolment
2. UnionPay International will incur 2.2% merchant fee.
Credit cards **NOT** accepted: Amex, Diners, JCB

PURCHASE ORDER DETAILS

Please provide details as requested below and
email to admin@lennontraining.com

Company name:

PO ref: _____

Name of person submitting this PO:

PAYMENT INFO

To secure a spot, payment details must be confirmed using this payment form. Fees for training will be deducted on the day of enrolment. Payment can be made via cash, cheque, direct debit or credit card. **AMEX, Diners or JCB cards are NOT accepted so please don't write them down.**

To be approved for credit (Purchase Orders), your Company is to provide Trade references and pay according to the 7 day payment terms set by Lennon Training and not by your Company. Accounts not paid within the payment terms may incur penalty fees and further credit may be refused. Please contact Lexia on (07) 4982 0188 with your enquiry/request.

More information about our Fees and Charges policy, Refund policy and Application for refund can be found on our website www.lennontraining.com/forms-and-policies