

Firearms Safety course



Held in EMERALD by
LENNON TRAINING
RTO#1674

2025 course dates (Category AB) (Category H):

Saturday

18 th January	10 th May	20 th September
15 th February	14 th June	18 th October
29 th March	19 th July	22 nd November
No April class	30 th August	13 th December

Course fees: \$155 for Cat AB / \$155 for Cat H / \$182 for Cat ABH
\$30 discount for EPC financial Club Members

2025 course dates (Category C):

18 th January	10 th May	20 th September
15 th February	14 th June	18 th October
No March class	19 th July	22 nd November
No April class	30 th August	13 th December

Course fees: \$284 for Cat C \$30 discount 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



admin@lennontraining.com



07 4982 0188



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	NAT11029003	Use Category C firearms safely 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
NAT11029003	Use Category C firearms safely 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: \$284 (inc \$4.20 gst) (Category C) NAT11029001 & NAT11029003
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 applicable => | <input type="checkbox"/> Bachelor or higher degree | <input type="checkbox"/> Cert IV (or advanced certificate/technician) | <input type="checkbox"/> Certificate II |
| Yes | | <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Cert III (or trade cert) | <input type="checkbox"/> Certificate I |
| | | <input type="checkbox"/> Diploma (or associate diploma) | | <input type="checkbox"/> Other, inc International |

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

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed – employing others | <input type="checkbox"/> Unemployed – seeking part-time work |

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

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of student |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |
| | <input type="checkbox"/> 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 applicable => | <input type="checkbox"/> hearing/deaf | <input type="checkbox"/> vision | <input type="checkbox"/> intellectual | <input type="checkbox"/> other |
| | | <input type="checkbox"/> learning | <input type="checkbox"/> mental | <input type="checkbox"/> acquired brain impairment | |
| | | <input type="checkbox"/> physical | <input type="checkbox"/> 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 2020*, 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).

The Data Provision Requirements 2020 clarify what information must be provided to the Australian Skills Quality Authority (ASQA) and reduce duplication to help registered training organisations (RTOs) meet their existing obligations.

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.

Please refer to Schedule 1 v3 of the National VET Data Policy that is available in your training course today.

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 []
Given name(s) []
Date of birth []
Day Month Year
Town of birth []
Country of birth []
Drive licence no. []

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 []
Street number
and name []
Suburb/Locality []
State [] [] [] Postcode [] [] [] [] [] [] [] [] How long have you
lived at this address? []
Years Months
Postal Address (If different from above)
Postal address
(e.g. PO Box) []
Suburb/Locality []
State [] [] [] Postcode [] [] [] [] [] [] [] []

3. WEAPONS LICENCE DETAILS

Only complete if
you currently hold a
weapons licence.

Licence no []
(Only one required)
Date issued []
Day Month Year Expiry date []
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:
• 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. Yes [] No []
Have you in the last 5 years, been convicted of, or discharged from custody on sentence after
being convicted of any of the following?
• 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. Yes [] No []
Have you in the last 5 years been subject to a domestic violence order, other than a
temporary protection order? Yes [] No []
Are you currently subject to a temporary protection order? Yes [] No []
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 [] No []
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 [] No []
Have you ever been refused a licence or has your licence been revoked in the last 5 years? Yes [] No []
Has your licence been suspended? Yes [] No []

