



ENROLMENT FORM

ENROLMENT DETAILS:

COURSE / ACTIVITY NAME:
DATE(S): LOCATION:

PERSONAL DETAILS:

FIRST NAME: MIDDLE NAME(S):
SURNAME:
STREET ADDRESS:
TOWN: STATE: P/CODE:
COUNTRY:
PHONE: PHONE:
(BUSINESS HOURS) (AFTER HOURS)
MOBILE: EMAIL:

EMPLOYMENT DETAILS:

FULL TIME CASUAL PART-TIME UNEMPLOYED
 FULL TIME STUDENT RETIRED
OTHER:

EMPLOYER: PHONE:

EDUCATION DETAILS:

WHAT IS YOUR HIGHEST **COMPLETED** COMPULSORY SCHOOL LEVEL:

YEAR 12 YEAR 11 YEAR 10 YEAR 9 YEAR 8 OR LOWER DID NOT GO TO SCHOOL

IN WHICH YEAR DID YOU COMPLETE **THAT** LEVEL:

IN WHICH SCHOOL OR TOWN DID YOU COMPLETE **THAT** LEVEL:

TICK ANY OF THE FOLLOWING QUALIFICATIONS YOU HAVE **COMPLETED**

QUALIFICATION	SUBJECT / FIELD
<input type="checkbox"/> BACHELOR DEGREE OR HIGHER DEGREE
<input type="checkbox"/> ADVANCED DIPLOMA OR ASSOCIATE DEGREE
<input type="checkbox"/> DIPLOMA (OR ASSOCIATE DIPLOMA)
<input type="checkbox"/> CERTIFICATE IV (OR ADVANCED CERTIFICATE)
<input type="checkbox"/> CERTIFICATE III (OR TRADE CERTIFICATE)
<input type="checkbox"/> CERTIFICATE II
<input type="checkbox"/> CERTIFICATE I
<input type="checkbox"/> CERTIFICATES OTHER THAN THE ABOVE

GENDER: MALE FEMALE

DATE OF BIRTH: DAY MONTH YEAR

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? NO ABORIGINAL TORRES STRAIT

ARE YOU AN AUSTRALIAN CITIZEN / PERMANENT RESIDENT? YES NO

IF YOU ANSWERED "NO" WHAT IS YOUR COUNTRY OF CITIZENSHIP:

COUNTRY OF BIRTH:

LEVEL OF SPOKEN ENGLISH: VERY WELL WELL NOT WELL NONE

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? YES NO

IF YOU ANSWERED "YES", WHICH LANGUAGE:

EMERGENCY CONTACT DETAILS:

CONTACT NAME:

CONTACT PHONE:

MEDICAL AND LEARNING DETAILS:

DO YOU CONSIDER YOURSELF TO HAVE A CONDITION OR DISABILITY THAT MAY AFFECT YOUR INVOLVEMENT IN THIS TRAINING ACTIVITY? YES NO

IF **YES**, PLEASE TICK THE APPLICABLE BOXES BELOW.

VISUAL / SIGHT INTELLECTUAL OTHER (PLEASE DETAIL)
 HEARING LEARNING
 PHYSICAL MENTAL ILLNESS

WILL YOU NEED ANY HELP WITH LANGUAGE, READING, WRITING OR ARITHMETIC?

YES NO IF YOU ANSWERED **YES** TO ANY **MEDICAL** OR **LEARNING** DETAILS, PLEASE DETAIL THE ASSISTANCE YOU MAY REQUIRE...
.....

IS THERE ANY OTHER INFORMATION ABOUT YOU THAT YOU FEEL WE NEED TO KNOW? IF SO, PLEASE DETAIL
.....

ARE YOU CLAIMING RPL (RECOGNITION OF PRIOR LEARNING) FOR ANY OF THIS COURSE OR QUALIFICATION? YES NO IF **YES**, COMPLETE RPL FORM

DECLARATION:

I UNDERSTAND THAT I HAVE RECOGNITION OPTIONS AVAILABLE TO ME AND I KNOW HOW TO CLAIM RPL (RECOGNITION OF PRIOR LEARNING FORM).

I DECLARE THAT ALL DETAILS PROVIDED ON THIS FORM ARE TRUE AND CORRECT.

I UNDERSTAND THAT THE INFORMATION CONTAINED ON THIS FORM MAY NEED TO BE PROVIDED TO MY CURRENT EMPLOYER, COMMONWEALTH AND STATE AGENCIES AND / OR RESEARCH ORGANISATIONS AND I CONSENT TO THIS OCCURRING.

SIGNATURE: DATE:

PRIVACY OF PERSONAL RECORDS:

PLEASE PROVIDE THESE DETAILS SO YOU CAN ACCESS YOUR TRAINING RECORDS FROM US IN THE FUTURE.

DRIVERS LICENCE NO.: PASSWORD:

A QUESTION & ANSWER THAT ONLY YOU WOULD KNOW

QUESTION:

ANSWER: