



# 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	.....

## DECLARATION:

I HAVE RECEIVED A COPY OF THE HANDA TRAINING SOLUTIONS CODE OF PRACTICE AND I UNDERSTAND IT.  
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: .....

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  IF **YES**, COMPLETE RPL FORM  NO

## 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: .....