

## Enrolment Form

<b>Surname</b>		<b>Given Names</b>	
<b>Residential Address</b>		<b>Phone (Home)</b>	
		<b>Mobile</b>	
		<b>Email</b>	
<b>Postcode</b>			
<b>Business Name</b>		<b>Position</b>	
<b>Business Address</b>		<b>Phone (Business)</b>	
<b>Postcode</b>			
<b>Date of birth (Optional)</b>		<b>Sex</b>	
		<input type="checkbox"/> Male <span style="margin-left: 150px;"><input type="checkbox"/> Female</span>	
<b>Are you of Aboriginal or Torres Strait Islander Origin</b>		<b>In which country were you born</b>	
<input type="checkbox"/> No <span style="margin-left: 20px;"><input type="checkbox"/> Yes Aboriginal</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes Torres Strait Islander</span>		<input type="checkbox"/> Australia <span style="margin-left: 100px;"><input type="checkbox"/> Other (Please specify)</span>	
<b>Do you speak a language other than English at home</b>			
<input type="checkbox"/> No <span style="margin-left: 100px;"><input type="checkbox"/> Yes Other (Please specify)</span>			
<b>Do you consider yourself to have a disability,</b>		<b>What is your highest COMPLETED school level/qualification</b>	
<input type="checkbox"/> Hearing <span style="margin-left: 50px;"><input type="checkbox"/> Visual / sight</span>		<input type="checkbox"/> Year 9 or equivalent <span style="margin-left: 50px;"><input type="checkbox"/> Year 10 or equivalent</span>	
<input type="checkbox"/> Physical <span style="margin-left: 50px;"><input type="checkbox"/> Intellectual</span>		<input type="checkbox"/> Year 11 or equivalent <span style="margin-left: 50px;"><input type="checkbox"/> Year 12 or equivalent</span>	
<input type="checkbox"/> Chronic Illness <span style="margin-left: 50px;"><input type="checkbox"/> Other (please give details)</span>		<input type="checkbox"/> Bachelor Degree or higher <span style="margin-left: 50px;"><input type="checkbox"/> Advanced Diploma</span>	
		<input type="checkbox"/> Diploma <span style="margin-left: 100px;"><input type="checkbox"/> AQF Certificate</span>	
<b>Reason for Enrolment</b>			
<input type="checkbox"/> To get a job <span style="margin-left: 50px;"><input type="checkbox"/> Develop existing Business</span> <span style="margin-left: 50px;"><input type="checkbox"/> Start a business</span> <span style="margin-left: 50px;"><input type="checkbox"/> Gain extra skills</span>			
<input type="checkbox"/> Better job or promotion <span style="margin-left: 50px;"><input type="checkbox"/> Job requirement</span> <span style="margin-left: 50px;"><input type="checkbox"/> Personal interest</span>			
<input type="checkbox"/> Self development <span style="margin-left: 50px;"><input type="checkbox"/> Other</span>			
<b>Emergency Contact</b>		<b>Phone</b>	
<b>COURSE DETAILS</b>			
<b>Course Number</b>		<b>Course Title</b>	
<b>if individual unit of competence please list below</b>			
<b>I acknowledge I have been advised of the conditions and my rights as a trainee before enrolling in this course/unit.</b> <b>Signature</b>			<b>Date</b>

*The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. This information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.*