

Application for Enrolment – RTO 3586

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

PROVIDE FIRST AID - HLTAID003

PERSONAL DETAILS											
Title:				Given Names: <i>LEGAL Names</i>							
Surname: <i>LEGAL Family Name</i>				Preferred Name							
Unique Student Identifier (USI)*: <i>Please print clearly</i>											
Date of Birth:	DD	MM	YYYY	Sex:	M <input type="checkbox"/> F <input type="checkbox"/>						
Home Phone:				Work Phone:							
Mobile:				Email:							
Residential (physical) Street Address:											
Suburb/Town:				Postcode:							
Mailing Address: <i>(if different to above)</i>											
Suburb:				Postcode:							

** All applicants should have a Unique Student Identifier (USI). You can apply for your USI at usi.gov.au*

LANGUAGE AND CULTURAL DIVERSITY			
6	Country of Birth - Australia - (please tick) <input type="checkbox"/> 1101 Other - (please specify)		City of Birth
7	Do you speak a language other than English at home? Y <input type="checkbox"/> N <input type="checkbox"/> 1201 Yes, other (Please specify) Do you only speak English at home? Y <input type="checkbox"/> N <input type="checkbox"/> (English only - Go to Question 9)		
8	How well do you speak English? Very well <input type="checkbox"/> 1 Well <input type="checkbox"/> 2 Not well <input type="checkbox"/> 3 Not at all <input type="checkbox"/> 4		
9	Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>		
DISABILITY			
10	Do you consider yourself to have a disability, impairment or long-term condition? Yes <input type="checkbox"/> No <input type="checkbox"/> (No - Go to Question 12)		
11	If YES, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.) Hearing/Deaf <input type="checkbox"/> 11 Physical <input type="checkbox"/> 12 Intellectual <input type="checkbox"/> 13 Learning <input type="checkbox"/> 14 Mental Illness <input type="checkbox"/> 15 Acquired Brain Impairment <input type="checkbox"/> 16 Vision <input type="checkbox"/> 17 Medical Condition <input type="checkbox"/> 18 Other <input type="checkbox"/> 19		

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EDUCATION	
12	What is your highest COMPLETED school level? (Tick ONE box only.) Year 12 or equivalent <input type="checkbox"/> 12 Year 11 or equivalent <input type="checkbox"/> 11 Year 10 or equivalent <input type="checkbox"/> 10 Year 9 or equivalent <input type="checkbox"/> 09 Year 8 or below <input type="checkbox"/> 08 Never attended school <input type="checkbox"/> 02 Never attended school – Go to Question 14
13	In which year did you complete that school level?
14	Are you still attending secondary school? Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you successfully completed any of the following qualifications? (Refer to question 16) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' – (Go to Question 17)
16	If YES, then tick any applicable boxes <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"/> Cert IV (or Advanced Certificate/Technician) <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
EMPLOYMENT	
17	Of the following categories, which BEST describes your current employment status? (Tick one box only.) Full-time employee <input type="checkbox"/> 01 Part-time employee <input type="checkbox"/> 02 Self employed - not employing others <input type="checkbox"/> 03 Employer <input type="checkbox"/> 04 Employed - unpaid worker in a family business <input type="checkbox"/> 05 Unemployed - seeking full-time work <input type="checkbox"/> 06 Unemployed - seeking part-time work <input type="checkbox"/> 07 Not employed - not seeking employment <input type="checkbox"/> 08
STUDY REASON	
18	Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE only) To get a job <input type="checkbox"/> 01 To develop my existing business <input type="checkbox"/> 02 To start my own business <input type="checkbox"/> 03 To try for a different career <input type="checkbox"/> 04 To get a better job or promotion <input type="checkbox"/> 05 It was a requirement of my job <input type="checkbox"/> 06 I wanted extra skills for my job <input type="checkbox"/> 07 To get into another course of study <input type="checkbox"/> 08 For personal interest or self-development <input type="checkbox"/> 12 Other reasons <input type="checkbox"/> 11

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UNIT OR COURSE ENROLMENT

Insert the title of the course(s) you wish to be enrolled in:

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I authorise the RTO to send my Statement of Attainment to me via my employer / training provider.

DECLARATION

This form has been completed by me personally and the information I have given is correct.

I have read and understood the course information and agree to abide by all training and assessment requirements.

I understand that if I don't have a USI, information about qualifications, courses or units of competency undertaken by me will not be included in any authenticated VET transcript provided by the Student Identifiers Registrar and that this may have an impact on my ability to establish eligibility for financial assistance to undertake vocational education and training in future.

Student signature: ^x..... Date:

INFORMATION & PRIVACY

It is an obligation for information collected about you and your enrolment in this Registered Training Organisation (RTO) to be submitted to the Australian Government to inform the Government and its agencies about this RTO's participation in the Vocational Educational Sector. The information is collected in accordance with the provisions of the Privacy Act 1988. The information collected will be maintained accurately and securely. This information will not be passed on to a third party unless a written authorisation is received from you. You may access this information freely on request.

I acknowledge and agree to the terms described in this privacy statement:

Student signature: ^x..... Date: