

Student Enrolment Form

Student Surname	<input type="text"/>	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Given Names	<input type="text"/>			
Date of Birth	<input type="text"/>	Email address	<input type="text"/>	
Residential Address	<input type="text"/>			
Suburb / City	<input type="text"/>	State	<input type="text"/>	Post code <input type="text"/>
Postal Address	<input type="text"/>	Suburb	<input type="text"/>	State <input type="text"/> Post code <input type="text"/>
Contact phone number 1	<input type="text"/>	Number 2	<input type="text"/>	
Please print name <u>clearly</u> as per your photo identification				
<input type="text"/>				

Since Jan 2015 the training governing body ASQA has stipulated that we must obtain a Unique Student Identifier number prior to issuing certificates for courses. Please can you visit the link provided below and obtain the USI and write below :

To apply for a USI please click on this link – <http://www.usi.gov.au/Pages/default.aspx>

UNIQUE STUDENT IDENTIFIER :

If you know this information please complete :

Program Name :

Program Date : from: to:

Employment Location/site :

Student Employer :

Office Use Only

Certificate Number

Student Enrolment Form

Language and Cultural Diversity

1. In which country were you born?

Australia Other - please specify

2. Do you speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)

No, English only English only - Go to Question 3 Yes, other - Please specify

3. How well do you speak English?

Very well Well Not well Not at all

4. Are you of Aboriginal or Torres Strait Islander origin? For persons of both, mark both "yes" boxes

No Yes, Aboriginal Yes, Torres Strait Islander

Disability

5. If YES, then please indicate the areas of disability, impairment or long-term condition: (you may indicate more than one area)

Yes No No - Go to Question 6

Hearing/Deaf Learning Vision

Physical Mental Illness Medical Condition

Intellectual Acquired Brain Impairment Other

If other please specify :

Schooling

6. What is your highest COMPLETED school level? (Tick ONE box only.)

Year 12 or equivalent Year 10 or equivalent Year 8 or below

Year 11 or equivalent Year 9 or equivalent Never attended school
Never attended school - Go to Question 9

7. In which YEAR did you complete that school level?

8. Are you still attending secondary school?

Yes No

Previous Qualifications Achieved

9. Have you SUCCESSFULLY completed any of the following qualifications?

Yes No No - Go to Question 11

10. If YES, then tick ANY applicable boxes.

Certificate III (or Trade Certificate) Degree, Masters or above

Certificate II Advanced Diploma or Associate Degree

Certificate I Diploma (or Associate Diploma)

Certificates other than the above Certificate IV (or Adv Certificate/Technician)

Employment

11. Of the following categories, which BEST describes your current employment status? (tick ONE box only)

Full-time employee Employed - unpaid worker in a family business

Part-time employee Unemployed - seeking full-time work

Self employed - not employing others Unemployed - seeking part-time work

Employer Not employed - not seeking employment

Study Reason

12. Of the following categories, which BEST describes your main reason for undertaking this course (Tick ONE box only.)

To get a job It was a requirement of my job

To develop my existing business I wanted extra skills for my job

To start my own business To get into another course of study

To try for a different career For personal interest or self-development

To get a better job or promotion Other reasons