

# Student Enrolment Form

Student Surname	<input type="text"/>	Gender	<input type="text" value="M"/>	<input type="text" value="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"/>	
<b>Please print name <u>clearly</u> as per your photo identification</b>				
<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** : .....

<b>Office Use Only</b>
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