



Course enrolment [all fields are mandatory]

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

Course Date: _____

☐ Mr ☐ Miss ☐ Mrs ☐ Other (tick one box) First Name _____

Surname _____

Building/property name _____ Unit/Flat details _____ Street No. _____

Street Name _____ Suburb _____ Postcode _____

Postal Address (if different from above) _____ Postcode _____

Phone (h) _____ Phone (w) _____ Mobile _____ Email _____

☐ Male ☐ Female Date of Birth _____ Unique Student Identifier No. (if known) _____

1) CULTURAL BACKGROUND & LANGUAGE

Were you born in Australia? ☐ Yes ☐ No (if no please specify) _____

Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes Aboriginal ☐ Yes, Torres Strait Islander

Do you speak a language other than English at home? ☐ No ☐ Yes (if yes please specify) _____

How well do you speak English? (tick one box) ☐ Very well ☐ Well ☐ Not well ☐ Not at all

2) MEDICAL CONDITION

Do you consider yourself to have a disability, impairment or long term condition? ☐ No ☐ Yes (if yes, tick any of the applicable boxes below)

☐ Vision ☐ Hearing/Deaf ☐ Intellectual ☐ Acquired Brain Impairment ☐ Mental Illness

☐ Learning ☐ Physical ☐ Medical Condition ☐ Other (please specify) _____

3) EDUCATION

What is your highest COMPLETED school level? (tick one box only)

☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 9 or equivalent ☐ Year 8 or below

In which year did you complete that school level? _____ Are you still attending secondary School? ☐ Yes ☐ No

4) PRIOR QUALIFICATIONS

Have you successfully completed any of the following qualifications? (see below) ☐ Yes ☐ No (if yes please tick the appropriate box)

☐ Bachelor Degree or Higher ☐ Advanced Diploma or Associate Degree ☐ Diploma ☐ Certificate IV

☐ Certificate III ☐ Certificate II ☐ Certificate I ☐ Certificate other than above

5) EMPLOYMENT

Of the following categories which best describes your current employment status? (tick one box only)

☐ Full-time Employee ☐ Self Employed – Not employing others ☐ Part-time Employee

☐ Employer ☐ Not Employed – Not seeking work ☐ Employed – unpaid, working in a family business

☐ Unemployed – Seeking full time work ☐ Unemployed – Seeking part-time work ☐ Employed – unpaid, working in a family

6) STUDY REASONS

Of the following categories, which best describes your main reason for undertaking this course/traineeship/apprenticeship? (tick one box only)

☐ To get a job ☐ To develop my existing business ☐ To start my own business

☐ To try for a different career ☐ To get a better job promotion ☐ It was a requirement of my job

☐ I wanted extra skills for my job ☐ To get into another course of study ☐ For personal interest of self-development

☐ Other reasons

Signed _____

Date / /