

Student Enrolment Form (RTO 41233)



This form is to be completed and submitted to Swetha.
(Where a field is not applicable, please write n/a.)

PART A Personal Details <small>please note that your privacy will be upheld</small>													
Please provide USI in the spaces provided				4	D	4	X	V	Q	8	K	X	D
Course		RISI/RIW Training				Date(s)		10/03/2016					
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>												
Family name (Surname)		Von Drehnen				First/Given Name		Sharlene					
Enter your birth date (DD/MM/YYYY)				02/02/1996				Sex: Male <input type="checkbox"/>		Female <input checked="" type="checkbox"/>			
What is the address of your usual residence?													
Building/property name		n/a				Flat/unit details		n/a					
Street/ lot number and Name		36 Bowden Road				Suburb/locality or town		Woy Woy					
State/territory		NSW				Post Code		2256					
Email		Sharlene.VonDrehnen@outlook.com				Phone		0449288090					
Emergency Contact Person		Letecia Von Drehnen				Phone		0449188090					
What is your postal address (Tick if same as above) <input checked="" type="checkbox"/>													
Building/property name		n/a				Flat/unit details		n/a					
Street/ lot number and Name						Suburb, locality or town							
State/territory						Post Code							
Residency Status (VEVO system may be checked to determine applicants right to work in Australia)													
Australian Citizen <input checked="" type="checkbox"/>		Permanent Resident <input type="checkbox"/>				Temporary Resident <input type="checkbox"/>				Student Visa <input type="checkbox"/>			
		Visa Number:				Visa Number:				Visa Number:			
		Expiry Date:				Expiry Date:				Expiry Date:			
		Evidence:				Bridging Visa/Type A: <input type="checkbox"/> B: <input type="checkbox"/> C: <input type="checkbox"/>							

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		Visa Expiry Date:	
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B Statistical Information / Government statistical purposes *please note that your privacy will be upheld.*

Language and cultural diversity

In which country were you born? (Enter an 'X' in the cell adjacent to the correct option)

Australia	<input checked="" type="checkbox"/>	Other – please specify	
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Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often. (Enter an 'X' in the cell adjacent to the correct option)

No, English only	<input checked="" type="checkbox"/>	Yes, other – please specify	
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How well do you speak English? (Enter an 'X' in the cell adjacent to the correct option)

Very well	<input checked="" type="checkbox"/>	Well	<input type="checkbox"/>	Not well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
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Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, enter an 'X' in both cells adjacent to a 'Yes' option.)

No	<input checked="" type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>
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C Education/Schooling

What is your highest COMPLETED school level? (Enter an 'X' in the cell adjacent to the correct option)

Year 12 or equivalent	<input checked="" type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	Year 8 or below	<input type="checkbox"/>	Never attended school	<input type="checkbox"/>

In which YEAR did you complete that school level?
2014

Still attending secondary school? (Yes/No)
No

Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications? (Enter an 'X' in the cell adjacent to the relevant option(s) below. You may indicate more than one option)

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 checked="" type="checkbox"/>
Certificate III (or trade certificate)	<input checked="" type="checkbox"/>	Certificate II	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>

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D Employment							
Of the following categories, which BEST describes your current employment status? (Enter an 'X' in the cell adjacent to the correct option – only choose ONE)							
Full-time employee		Part-time		Self employed		Employer	
Employed – unpaid worker/volunteer		Unemployed – seeking work	X	Unemployed – Not seeking work		Other	

Study reason							
Of the following categories, which BEST describes your main reason for undertaking this course? (Enter an 'X' in the cell adjacent to the correct option – only choose ONE)							
To get a job	X	To develop my existing business			To start my own business		
To try a different job		To get a better job or promotion		It is a requirement of my job		I wanted extra skills for my job	
To get into another course of study			For personal interest or self-development			Other reasons	

E Disability									
Do you consider yourself to have a disability, impairment or long-term condition?								Yes	
If Yes, Enter an 'X' adjacent to the relevant area(s) below. (You may indicate more than one area)									
Hearing/deaf		Physical		Intellectual		Learning		Mental illness	
Acquired brain impairment			Vision	X	Medical condition			Other	

Support Requirements (please specify if you require assistance with your learning)	
If you have a disability, impairment or long-term condition, what support do you require during training?	No support.
Recognition of Prior Learning (RPL) you may be eligible for RPL if you have learning or work experience. Do you require further information about RPL? (Yes/No)	Yes /No No

F Student Declaration and Signature
The information contained in this form is correct and complete. I am aware the course will not commence if an insufficient number of students enrol.

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Student Signature	S. Von Drehnen	Date	07/03/2016
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