

Short Course - Enrolment Form

Personal Details		
Unique Student Identifier Number: _____		
Title: Mr / Mrs / Ms / Miss Given Names: _____		
Surname: _____		Preferred Name: _____
Street or Postal Address: _____		
Suburb: _____	State: _____	Post Code: _____
Date of Birth: ____ / ____ / ____ Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Email: _____ Alternative email (optional): _____		
Mobile: _____	Home Phone: _____	Work phone: _____
Course and Expected Commencement Date		
Units selected: _____		
Course Commencement Date _____		
Language and Cultural Diversity		
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
Citizenship: Australian Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident <input type="checkbox"/>		
Do you speak a language other than English at home? <input type="checkbox"/> No English Only <input type="checkbox"/> Yes (please specify)		
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander		
Disability		
Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify)		
Prior Education / School Information		
What is your highest completed level of schooling?		In which year did you complete that level?
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide the following details
LUI Number: _____		Current year and level: (eg 2011, year 10)
School Name: _____	VET Coordinator: _____	Contact Number: _____
Previous Qualifications		
Have you successfully completed any of the following qualifications? <input type="checkbox"/> No <input type="checkbox"/> Yes – please tick any applicable boxes		
<input type="checkbox"/> Certificate I <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate II <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate IV or Advanced Certificate / Technician <input type="checkbox"/> Certificates other than those above		
Employment (tick one option only)		
Of the following categories, which best describes your current employment status?		
<input type="checkbox"/> Full Time <input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Part Time <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Self employed – employing others		
Study Reason (tick one option only)		
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons		

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Emergency Contact		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify)		
Title: Mr / Mrs / Ms / Miss	First Name:	Surname:
Mobile:	Home Phone:	Work Phone:
Address:		
Suburb:	State:	Post Code:
Terms & Conditions of Enrolment		
Please read the following terms and conditions carefully:		
Short Course Student NCVER Privacy Notice - Under the Data Provision Requirements 2012, Careers Training Centre (CTC) is required by law to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Limited (NCVER). The privacy notice lists the ways information about the student is held, used, disclosed and managed. For more information about NCVER's Privacy Policy go to https://www.ncver.edu.au/privacy . Specific questions may be directed to the Skilling Australia information line on 13 38 73 or via email VET-DataPolicy@dese.gov.au .		
Student Declaration and Consent I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.		
STUDENT SIGNATURE [or electronic acknowledgement] DATE		
PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]* DATE		
<i>*Parental/guardian consent is required for all students under the age of 18.</i>		
You have read and understood the information contained on pages 1 and 2 and by signing this enrolment form you are acknowledging that all information provided is true / correct and complete.		
_____ / /		_____ / /
Student Signature and Date		Employer Signature and Date
_____		_____