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| **Personal Details** |
| **Unique Student Identifier Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  |
| **Title:** Mr / Mrs / Ms / Miss **Given Names:** |
| **Surname: Preferred Name:**  |
| **Street or Postal Address:** |
| **Suburb: State: Post Code:** |
| **DOB: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Email:**  **Day Month Year** |
| **Mobile: Home Phone: Male ❑ or Female ❑** |
| **Course and Expected Commencement Date**  |
| Units selected: \_Course Commencement Date \_ |
| **Language and Cultural Diversity** |
| **In which country were you born?** ❑ Australia ❑ Other (please specify)  |
| **Citizenship:** Australian Citizen [ ]  Permanent Australian Resident [ ]  Temporary Australian Resident [ ]  |
| **Do you speak a language other than English at home?** ❑ No English Only ❑ Yes (please specify) |
| **How well do you speak English?** ❑ Very well ❑ Well ❑ Not Well ❑ Not at all |
| **Are you of Aboriginal or Torres Strait Islander origin?** ❑ No ❑ Yes - Aboriginal ❑ Yes - Torres Strait Islander |
| **Disability** |
| **Do you consider yourself to have a disability, impairment or long term condition?** ❑ No ❑Yes❑ Hearing / Deaf ❑ Physical ❑ Intellectual ❑ Learning ❑ Mental Illness ❑ Acquired Brain Impairment ❑ Vision ❑ Medical Condition ❑ 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 ❑ No ❑ 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?** ❑ No ❑ Yes – please tick any applicable boxes❑ Certificate I ❑ Diploma or Associate Diploma❑ Certificate II ❑ Advanced Diploma or Associate Degree❑ Certificate III (or Trade Certificate) ❑ Bachelor Degree or Higher Degree❑ Certificate IV or Advanced Certificate / Technician ❑ Certificates other than those above  |
| **Employment (tick one option only)** |
| **Of the following categories, which best describes your current employment status?** |
| ❑ Full Time ❑ Part Time ❑ Employer  | ❑ Self Employed – not employing others ❑ Employed – unpaid worker in a family business ❑ Unemployed – not seeking employment | ❑ Unemployed – seeking full-time work❑ Unemployed – seeking part-time work |
| **Study Reason (tick one option only)** |
| ❑ To get a job ❑ To try for a different career ❑ I wanted extra skills for my job❑ Other reasons  | ❑ To develop my existing business ❑ To get a better job or promotion ❑ To get into another course of study  | ❑ To start my own business❑ It was a requirement of my job❑ For personal interest or self-development |

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| **Emergency Contact** |
| **Relationship:** ❑ Mother ❑ Father ❑ 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**  Complete the following and clearly mark if an Employer or Student is responsible for training costs Employer understands and agrees to pay a total of $ to Careers Training Centre for training costs  Student understands and agrees to pay a total of $ to Careers Training Centre for training costs* Payment plans are available for Qualifications or Skill Sets.
* If only completing one unit of competency, full payment is required prior to the start of the course.
* If only Tour Guiding Course – 2 units of competency, full payment is required prior to the start of the course
* A Statement of Attainment or Qualification will not be issued if any outstanding fees are due.

**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** |
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