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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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