

STUDENT ENROLMENT FORM		Student No	Student Nos are allocated by the RTO and must be unique to this student	To the Student: Please complete and sign this form. By signing you agree that you may be contacted by the Department of Education and Training and asked to participate in one or more surveys about this training program.
First Names		Surname		
Address				
Suburb/Town				
Postcode		Phone		
			Signature	Date

Please complete the form using an **X** in the appropriate boxes

What is your birth date?

Birth Date

What is your sex?

Female
Male

What is the suburb or town or locality in which you usually live?

Suburb/Town/Locality

What is the postcode of the suburb or town in which you usually live?

Postcode

In which country were you born?

Australia
Other – please specify

Do you mainly speak English at home?

Yes
No

Do you speak a language other than English at home?

No, English only
Yes, other – 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? (Tick one box only)

No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term condition?

Yes
No

If YES, please indicate the areas of disability impairment or long term condition.
(you may indicate more than one area)

Hearing/Deaf
Physical
Intellectual
Learning
Mental Illness
Acquired brain impairment
Vision
Medical condition
Other

(tick one box)

Completed Year 11
Completed Year 10
Completed Year 9
Completed Year 8 or lower
Did not go to school

In which year did you complete that school level?

Year

Are you still attending secondary school?

Yes
No

Have you successfully completed any of the following Qualifications?

Yes
No

If YES tick any applicable boxes

Bachelor Degree or Higher Degree
Advanced Diploma or Associate Degree
Diploma (or Associate Diploma)
Certificate IV (or Advanced Certificate/Technician)
Certificate III (or Trade Certificate)
Certificate II
Certificate I
Certificates other than the above

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

Full-Time employee
Part-Time employee
Self Employed - not employing others
Employer
Employed – Unpaid worker in a family business
Unemployed – seeking full-time work
Unemployed – seeking part-time work
Not employed – not seeking employment

Of the following categories, which best Describes your main reason for Undertaking this training program?
(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 or 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 or self development
Other reasons

What is your highest completed school year?

Completed Year 12