

## ENROLMENT FORM

### Instructions:

Please fill in all sections clearly and carefully by writing in block letters. Information requested on this form is also for national database and tracking purposes and assists in ongoing qualification issuance as required.

### 1. PERSONAL DETAILS

Title: *(Please tick)* Mr  Ms  Mrs  Miss  Other  \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male  Female:

Emergency/Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 2. COURSE DETAILS

Date of enrolment: \_\_\_\_\_ Qualification or Course code: \_\_\_\_\_

Qualification or course description: \_\_\_\_\_

Delivery mode: On-site  Distance  Workshop  On-line

### 3. EMPLOYMENT DETAILS

Full-time employee  Permanent part-time employee  Casual employee

Permanent Hours per week: \_\_\_\_\_ hrs

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Workplace Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Commencement date at work: \_\_\_\_\_



## 5. CANCELLATION POLICY

### **State enterprise training cancellation**

If in the unlikely event any program is cancelled by state enterprise training then a full refund of all fees paid up until that point will be refunded.

**Participant cancellation** If a participant cancels from a program the following will apply:

### **Courses: (normally half, one or two day programs)**

Cancellation notice for all enrolments will be accepted up until the last working day before the first day of course commencement. Once the first day of a course commences then all enrolled participants will be charged. There are no refunds after the commencement day of each course.

A self-funded participant or service organisation may receive a credit note to attend a future course based on availability of places.

### **Qualifications: (Normally 12 to 24 month programs)**

- a) Within 90 days of enrolment  
The following will be charged if they have been received:  
\$150 for resources  
\$375 for each unit assessed as competent
- b) After 90 days from enrolment.  
There will be no refund of any fees paid due to participant cancellation.

Please note: qualifications or statements of attainments cannot be issued until any outstanding charges owing to state enterprise training have been paid.

## 6. LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?

*(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)*

No       Aboriginal       Torres Strait Islander       Both

Were you born in Australia? \_\_\_\_\_ If not, please specify? \_\_\_\_\_

Do you speak a language other than English at home?

No, English only *(Go to disability section)*       Yes, other – please specify \_\_\_\_\_

If you speak a language other than English,

How well do you speak English?     Very Well     Well     Not well     Not at all

## 7. DISABILITY

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

No       Vision       Hearing/Deaf       Physical       Medical Condition

Other       Intellectual       Mental Illness       Learning       Acquired Brain Impairment

## 8. EDUCATION

What is your highest completed school level?

- Year 12                       Year 11                       Year 10  
 Year 9 or equivalent       Year 8 or lower            Did not go to school

In which year did you complete that school level? \_\_\_\_\_

Have you completed any of the following national qualifications?  No     Yes – Please tick below

- |  |   |
|--|---|
| <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"/> National Qualifications other than the above |

Year Completed \_\_\_\_\_

## 9. STUDY REASON

What is the main reason for undertaking this course/traineeship /apprenticeship? (*Tick ONE box 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            | <input type="checkbox"/> For self-development                |
| <input type="checkbox"/> Other reasons                    | _____  |

## 10. PRIVACY

Further, I authorise State Enterprise Training Group to seek information about any aspect of the course/qualification I am undertaking for the purpose of properly managing the qualification processes. This may include obtaining copies of relevant forms and documents, progress reports and quality checks. Such information may also be gathered by State and Commonwealth training authorities, other Registered Training Organisations, and the Australian Apprenticeship Centre. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*. I understand that State Enterprise Training will not pass this information to any other party without my written permission

## 11. DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Administration only: State Enterprise Training representative**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_