



ENROLMENT FORM – SHORT COURSE

1. PERSONAL DETAILS

Surname:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given Names:	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. CONTACT DETAILS

Address:
Suburb/Town: _____ State: _____ Post Code: _____
Home Phone: _____ Mobile: _____
Email: _____

3. COUNTRY OF BIRTH & CITIZENSHIP

In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. PROFICIENCY IN ENGLISH

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
Do you need help with English? <input type="checkbox"/> No <input type="checkbox"/> Yes

5. ABORIGINALITY

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal & Torres Strait Islander origin, mark both 'Yes' boxes)
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

6. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes
If YES, then please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area)
<input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Other
<input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition
If YES, do you require assistance because of the disability? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify: _____

7. EMPLOYMENT STATUS

Which of the categories BEST describes your current employment status?
<input type="checkbox"/> Full Time <input type="checkbox"/> Employed – unpaid family worker <input type="checkbox"/> self-employed – not employing others
<input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> not employed – not seeking work
<input type="checkbox"/> Employer <input type="checkbox"/> Unemployed – seeking part time work
Number of hours employed per week: _____ Date commenced with current employer: _____
Employer Name: _____

8. SCHOOLING

What is your highest COMPLETED school level? (Tick ONE box only)
<input type="checkbox"/> Year 12 or equivalent
<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Never attended school
In what year did you complete that school level (e.g. 2007): _____
Are you still attending secondary school? <input type="checkbox"/> No <input type="checkbox"/> Yes School Name: _____

9. PRIOR QUALIFICATIONS

Since leaving school have you successfully COMPLETED any of the following qualifications? Yes No

- 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

10. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course / Australian 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"/> Other reasons	<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		

11. COURSE DETAILS

Course name: _____

12. UNIQUE STUDENT IDENTIFIER (USI)

A Unique Student Identifier (USI) is a reference number made up of numbers and letters that give students access to their USI account. A USI will allow an individual's USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing an individual to see all of their training results from all providers including all completed training units and qualifications. The USI will make it easier for students to find and allocate their VET achievements into a single authenticated transcript. It will also ensure that students' VET records are not lost.

If you already have a USI please enter your reference number here _____

Students can apply directly through the website at www.usi.gov.au or ACCESS can do this on your behalf. If you wish for ACCESS to do this on your behalf please provide a copy your ID and tick the box below.

I agree to ACCESS applying for my USI on my behalf

Drivers License Number: State Issued:

Participant Signature: Date:

13. STUDENT DECLARATION

Prior to enrolment I was informed about training, assessment and support services and about my rights and obligations. I have been provided with the information on access to the online Short Course Student Handbook and advised further information is available through Access Recognised Training's website www.accessrt.edu.au

I understand the information requested in this form (including personal details and identification) will be used by ACT Education and Training Directorate and Australian Skills Quality Authority (ASQA) for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. In supplying the requested information and signing below, I consent to the use of the information for these purposes.

Participant Signature: Date: