

Y12FF Funding - Enrolment Form

Personal Details		
Unique Student Identifier Number: _____		
Title: Mr / Mrs / Ms / Miss Given Names:		
Surname:		Preferred Name:
Street or Postal Address:		
Suburb:	State:	Post Code:
Date of Birth: ____ / ____ / ____ Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Email:		Alternative email (optional):
Mobile:	Home Phone:	Work phone:
Qualification / Course and Expected Commencement Date		
<input type="checkbox"/> SIT20316 – Certificate II in Hospitality		<input type="checkbox"/> SIT30616 – Certificate III in Hospitality
Language and Cultural Diversity		
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
Citizenship: Australian Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident <input type="checkbox"/>		
Do you speak a language other than English at home? <input type="checkbox"/> No English Only <input type="checkbox"/> Yes (please specify)		
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		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander		
Disability		
Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		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?		
<input type="checkbox"/> No <input type="checkbox"/> Yes – please tick any applicable boxes		
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV or Advanced Certificate / Technician		<input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificates other than those above
Employment (tick one option only)		
Of the following categories, which best describes your current employment status?		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed – not employing others <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – not seeking employment	<input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Self employed – employing others
Study Reason (tick one option only)		
<input type="checkbox"/> To get a job <input type="checkbox"/> To try for a different career <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> Other reasons	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To get into another course of study	<input type="checkbox"/> To start my own business <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> For personal interest or self-development

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Emergency Contact		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (please specify)		
Title: Mr / Mrs / Ms / Miss First Name: _____ Surname: _____		
Mobile: _____ Home Phone: _____ Work Phone: _____		
Address: _____		
Suburb: _____ State: _____ Post Code: _____		
Employer Details		
Business Name: _____ Contact Person: _____		
Business Address: _____		
Suburb: _____ State: _____ Post Code: _____		
Email: _____		
Phone: _____ Fax: _____ Mobile: _____		
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> School Based Direct Supervisor (if different from above) : _____		
Terms & Conditions of Enrolment		
Please read the following terms and conditions carefully:		
<p>Clearly mark to accept that you understand the withdrawal policy as contained in the student handbook and that you have received a copy of the Student Hand book. A copy of the Student Handbook can be found on www.careerstrainingcentre.com for the refund and withdrawal policy</p> <p>All students are required to complete the Privacy Notice and Student Declaration. The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed. Specific questions may be directed to the Skilling Australia information line on 13 38 73 or via email at VET-DataPolicy@education.gov.au.</p> <p>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.</p>		
_____ / / Student Signature and Date	Can be found at the	_____ / / Employer Signature and Date
_____ Parent / Guardian Signature and Date		