

Enrolment Form

Be Smart. E	Je Safe.		JOB No.: Office Use Only			
Full Qualification	Short Course	Skill	Set □			
Course Code:						
Course Name:						
Employer Details						
Business Name:						
Worksite/Location:		Work Pho	one:			
Name and Date of Birtl	h					
Title: Mr □ Mrs □	Ms □ Miss □	Other 🗆				
Surname:						
Given Name:						
Date of Birth / /	Gender: Ma	le / Female	(please circle)			
Address and Contact I	nfo					
Street:						
Suburb:		. State:	Postcode:			
Home Ph:	Mo	bile Ph:				
Email:						
Unique Student Identif As of 1 January 2015 all students a	•	o you have a	USI?			
☐ Yes, my USI is	•	•				
 No, I give permission for CTC Safety to apply or search for a USI on my behalf and have read and agree to the information contained in the Student Handbook/USI Fact Sheet. 						
The information provided by you on of the State or Commonwealth Governolment, identification and education and being used in this way.	ernments and CTC Safety for	r statistical pu	urposes, conducting surveys,			
CTC Safety has agreed to participa Centre for Vocational Education and from NCVER to complete.						
By signing this enrolment form I Training Services Agreement tha						
Student Signature:			Date:			



Enrolment Form

1.	In which country were you born? ☐ Australia	10. Have you attempted or completed any of the following qualifications?				
	☐ Other – Please specify:	Level of Qualification	Attempt	Comp		
2	Name your town/city of birth?	Bachelor Degree or Higher Degree	Attempt			
	Do you have permanent residence in Australia?	Advanced Diploma or Associate Degree				
٠.	☐ Yes ☐ No	Diploma or (Associate Diploma)				
		Certificate IV (Or Advanced				
4.	Are you of Aboriginal or Torres Strait Islander	Certificate/Technician)				
	origin?	Certificate III (Or Trade Certificate)				
	□ No	Certificate II				
	☐ Yes, Aboriginal	Certificate I				
	☐ Yes, Torres Strait Islander	Certificates Other Than Above				
	☐ Yes, Both Aboriginal and Torres Strait Islander	Octanidates Other Than Above		1 -		
5.	What is your highest COMPLETED school level? (Tick ONE box only) Year 12 Year 11 Year 10 Year 9 Year 8 Never Attended School (Go to Question 6)	 11. Are you still attending secondary school? No Yes 12. Of the following categories, which BEST describes your current employment status? (Tick ONE box only) Full-Time Employee Part-Time Employee Self-Employed – Not Employing Others Employer Employer Employed – Unpaid Worker in a Family Business Unemployed – Seeking Full-Time Work Unemployed – Seeking Part-Time Work Not Employed – Not Seeking Employment 				
6.	In which YEAR, did you complete that school level?					
7.	How well do you speak English? □ Very Well □ Well □ Not Well □ Not at All					
		13. Your major reason for study?				
8.	Do you speak a language other than English at	(Tick ONE box only)				
	home?	☐ It Was a Requirement of My Jo	b			
	□ No □ Yes – Please specify:	☐ Wanted Extra Skills for My Job☐ To Get a Better Job or Promoti)			
9.	Do you consider yourself to have a disability, impairment or long-term condition? No (Go to Question 10) Yes If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area)	 □ To Get a Job □ To Develop my Existing Business □ To Start my Own Business □ To Try for a Different Career □ To Get into Another Course of Study □ For Personal Interest or Self-Development □ Other Reasons 				
	 ☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental illness ☐ Acquired Brain Impairment ☐ Vision ☐ Medical Condition ☐ Other - Please specify: 					

