



Be Smart. Be Safe.

Enrolment Form

JOB No.:
Office Use Only

Full Qualification ☐ Short Course ☐ Skill Set ☐

Course Code:

Course Name:

Employer Details

Business Name:

Worksite/Location: Work Phone:

Name and Date of Birth

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Surname:

Given Name:

Date of Birth / / Gender: Male / Female (please circle)

Address and Contact Info

Street:

Suburb: State: Postcode:

Home Ph: Mobile Ph:

Email:

Unique Student Identifier (USI)

As of 1 January 2015 all students are required to have a USI. Do 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 this enrolment form and/or during enrolment may be used by or on behalf of the State or Commonwealth Governments and CTC Safety for statistical purposes, conducting surveys, enrolment, identification and educational or strategic planning purposes. By signing below, you consent to your information being used in this way.

CTC Safety has agreed to participate in the National Student Outcomes Survey, managed by the National Centre for Vocational Education and Research (NCVER). Students are advised that they may receive a survey from NCVER to complete.

By signing this enrolment form I acknowledge that I have read, understood and agree to CTC Safety's Training Services Agreement that can be found at www.ctcsafety.com.au

Student Signature: Date:



Enrolment Form

1. **In which country were you born?**
☐ Australia
☐ Other – Please specify:
2. **Name your town/city of birth?**
3. **Do you have permanent residence in Australia?**
☐ Yes ☐ No
4. **Are you of Aboriginal or Torres Strait Islander origin?**
☐ No
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander
☐ Yes, Both Aboriginal and Torres Strait Islander
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)*
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
8. **Do you speak a language other than English at home?**
☐ No
☐ Yes – Please specify:
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)
☐ Hearing/Deaf
☐ Physical
☐ Intellectual
☐ Learning
☐ Mental illness
☐ Acquired Brain Impairment
☐ Vision
☐ Medical Condition
☐ Other – Please specify:

10. **Have you attempted or completed any of the following qualifications?**

Level of Qualification	Attempt	Comp
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 Above	☐	☐

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
☐ Employed – Unpaid Worker in a Family Business
☐ Unemployed – Seeking Full-Time Work
☐ Unemployed – Seeking Part-Time Work
☐ Not Employed – Not Seeking Employment
13. **Your major reason for study?**
(Tick ONE box only)
☐ It Was a Requirement of My Job
☐ Wanted Extra Skills for My Job
☐ To Get a Better Job or Promotion
☐ 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