

Enrolment Form

Please complete all sections
(front & back) of this form

RTO 32505

OFFICE USE ONLY	
Fee-for-Service	<input type="checkbox"/>
CSQ Short Courses	<input type="checkbox"/>
CSQ Gap Training	<input type="checkbox"/>
CSQ Higher Skills	<input type="checkbox"/>
User Choice App/Tshp	<input type="checkbox"/>
Cert III Guarantee	<input type="checkbox"/>
VETiS / Generate	<input type="checkbox"/>

COURSE INFORMATION			
Course(s):			
Competency:			
Delivery Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Credit Transfer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	RPL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unique Student Identifier #	_____	Learner Unique Identifier #	

STUDENT INFORMATION			
Surname:	(MR/MISS/MS/MRS)	Given Name:	
Gender:	Male / Female	Date of Birth:	/ / 19.....
Street Address:			
Suburb:	State:	Post Code:	
Postal Address:			
Suburb:	State:	Post Code:	
Home Phone:	()	Work Phone:	()
Mobile Phone:	()	Fax Number:	()
Email Address:			

EMPLOYMENT INFORMATION			
Employment Status:	<input type="checkbox"/> 01 Full-time Employee <input type="checkbox"/> 02 Part-time Employee <input type="checkbox"/> 03 Self-employed - not employing others <input type="checkbox"/> 04 Employer <input type="checkbox"/> 05 Employed - unpaid worker in a family business <input type="checkbox"/> 06 Unemployed - seeking full-time work <input type="checkbox"/> 07 Not employed - not seeking employment		
Employer Name:		Contact Person:	()
Address:		Contact Number:	()

EDUCATION INFORMATION			
Highest Competed School Level:	Yr8	<input type="checkbox"/> Yr9	<input type="checkbox"/> Yr10
	<input type="checkbox"/> Yr11	Yr12	Still attending School
In which YEAR did you complete school?			
Have you successfully completed any of the following qualifications:	<input type="checkbox"/> No <input type="checkbox"/> Yes - Bachelor or Higher Degree		
	<input type="checkbox"/> Yes - Advanced Diploma / Associate Degree	<input type="checkbox"/> Yes - Diploma / Associate Diploma	
	<input type="checkbox"/> Yes - Certificate IV (Advanced Certificate / Technician)	<input type="checkbox"/> Yes - Certificate III (Trade Certificate)	
	<input type="checkbox"/> Yes - Certificate II	<input type="checkbox"/> Yes - Certificate I	<input type="checkbox"/> Yes - Certificate other than the above
Do you need any Language, Literacy or Numeracy help?	<input type="checkbox"/> Language	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing <input type="checkbox"/> Maths

PLACE OF BIRTH

Country of Birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____ (Please Specify)
Place of Birth:	_____ (town/suburb)
Language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other _____ (Please write language)
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
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Neither <input type="checkbox"/> Both <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

MEDICAL CONDITION/DISABILITY

Do you consider yourself to have a permanent and/or significant disability that may affect your ability to study?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - please tick:	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Hearing <input type="checkbox"/> Visual/Sight <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other

REASON FOR ATTENDING THE COURSE

<input type="checkbox"/> 01 To get a job	<input type="checkbox"/> 02 To develop my business	<input type="checkbox"/> 03 To start my own business	<input type="checkbox"/> 04 To try for a different career
<input type="checkbox"/> 05 To get a better job / promotion	<input type="checkbox"/> 06 It was a requirement of my job	<input type="checkbox"/> 07 To get into another course / study	
<input type="checkbox"/> 08 Personal Interest / self development	<input type="checkbox"/> 09 Extra job skills	<input type="checkbox"/> 10 Other reasons	

EMERGENCY CONTACT/NEXT OF KIN (this section must be completed if you are under 18)

Name:	_____ (MR/MISS/MS/MRS)	Relationship:	_____
Address:	_____	Suburb:	_____ Postcode: _____
Home Phone:	_____	Mobile Phone:	_____

WHERE DID YOU HEAR ABOUT THIS COURSE?

<input type="checkbox"/> 01 News Paper	<input type="checkbox"/> 02 Employer	<input type="checkbox"/> 03 Flyer	<input type="checkbox"/> 04 Radio	<input type="checkbox"/> 05 Web Site
<input type="checkbox"/> 06 Word of Mouth	<input type="checkbox"/> 07 Television	<input type="checkbox"/> 08 Address	<input type="checkbox"/> 09 Networking	<input type="checkbox"/> 10 Yellow Page

PRIVACY POLICY

Strategic Deployment Services (SDS) takes the privacy of students very seriously and complies with all legislative requirements. These include the Privacy Act 1988 and National Privacy Principles (2001). Student information is only shared with external agencies such as registering authorities to meet compliance requirements as a Registered Training Organisation (RTO). All information shared is kept in the strictest confidence by both parties and is available on request.

In some cases we are required by law to make student information available to others such as the National Centre for Vocational Education and Research. In all other cases SDS will seek written permission of the student for such disclosure.

Through providing this information, we seek to ensure that you will be able to deal with our organisation in full confidence, that your personal information will only be used in the ways we have described to you, that it will be held securely and when there is no longer any legitimate purpose in retaining such information it will be disposed of appropriately.

Student Agreement:

By signing this form, I certify that the information is true and correct. I further certify that I have been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided:

I understand that my training commences upon receipt of training materials.

I request an electronic version of training materials. My email address is _____.

I request a hard copy of training materials.

Full Name: _____

Signature: _____

Date: ____/____/____

From January 1st 2015, all students undertaking nationally recognised training in Australia must have a Unique Student Identifier (USI). A USI is a reference number that gives students access to their USI account. The USI will make it easier for students to find and collate their VET achievements into a single transcript which can be used when applying for jobs or enrolling in further study. The USI ensures that students' VET records are not lost. This USI will stay with you for life.

Please note that SDS will not issue a Statement of Attainment or a Qualification until your USI is identified and verified.

If you already have a USI, please clearly print below (10 characters which include a combination of letters and numbers).

--	--	--	--	--	--	--	--	--	--

If you do not have a USI, please complete the below to give permission for SDS to apply for a USI on your behalf.

By ticking this box, I agree and grant Strategic Deployment Services permission to apply for a Unique Student Identifier (USI) on my behalf for the purposes of the training I am enrolled in. I agree that the provided identification details and information are accurate.

The below information MUST match the details provided on your ID

Preferred Contact Method (details supplied on Page 1 of the enrolment form) - tick one of the following:

- Email
 Mobile
 Post

You must provide one of the following documents to verify your identity.

- DRIVERS LICENCE** (Provide #): _____
- MEDICARE CARD**
- AUSTRALIAN PASSPORT**
- VISA (with Non-Australian Passport)**
- BIRTH CERTIFICATE (Australian); if not available please list:**
Country of Birth: _____ Place of Birth: _____
- CERTIFICATE of REGISTRATION BY DESCENT**
- CITIZENSHIP CERTIFICATE**
- ImmiCard**

Once the USI process is complete, you will receive an email/SMS or letter with your USI login details.

Signature:

Date:

EXISTING SKILLS

Qualifications/ Courses/ Units of Competence

Topic / Course / Area of Study Eg. First aid, Working at Heights, Confined Space, Construction White Card, Supervisors, Fire-Fighting	Level Certificate I, II, III, IV, Diploma, Adv. Diploma, Degree etc.	Year Attained

License Type / Tickets

License Type Eg. Forklift, Crane, EWP, Earthmoving Machinery, Heavy Vehicle, Dogging and Rigging, Scaffolding etc.	Year Attained

General Work Experience

Role List any relevant work experience; eg. Fabrication, machinist, operator, driller, safety officer, labourer, electrician	Employer Provide specific company name	Time Held Last start & finish dates

Experience with Specific Tasks: Please indicate which of these tasks or activities you have been *directly* involved in, how often, and in what type of industry or workplace it was performed.

Task	Frequency			
	Often	Sometimes	Once	Never
Fitness for work assessment				
Wearing PPE				
Following written procedures				
Communicating safety to others				
Completing workplace forms and records				
Conducting pre-start / pre-use inspections on plant & equipment				
Permit to work				
Risk assessment / JSA / Take 5 etc.				
Participate in toolbox meetings				

I confirm that the information I have provided about my existing skills is accurate. I have not made false or misleading statements about my vocational experience or training outcomes.

Trainee Signature: _____

Date: _____