

STUDENT ENROLMENT FORM

Achieve Training and Assessment Services is collecting the personal information requested on this form for AVETMISS requirements only. No information will be given or sold to any organisation. As part of the Australian Government Regulatory requirements the following information is needed for statistical purposes. The individual answers are not available for anyone to view; they form part of the data that is required to be collected. Please assist us to comply with the requirements for collecting data. **Please note: Failure to supply the required information makes this enrolment invalid and unable to be processed. Your application will be returned to you for completion.**

Please complete all details on this enrolment form in **BLOCK LETTERS** and ensure that the information entered matches **EXACTLY** as it appears on your identity documents.

OFFICE USE ONLY
STUDENT VETTRAK ID:

UNIQUE STUDENT IDENTIFIER (USI)

COURSE INFORMATION

Course Code and Title:

Trainer Initials:

Assessor Initials:

Course Start Date:

Course Finish Date:

PERSONAL INFORMATION

Title: Mr Mrs Miss Ms

Gender: Male Female

Surname Name:

First Name:

Middle Name:

Date of Birth: DD / MM / YYYY

Town/City of Birth:

Home Phone:

Work Phone:

Contact Details:

Mobile Phone:

Email:

Best Contact Method: Email Phone Mail

EMERGENCY

Contact Name:

CONTACT DETAILS:

Relation:

Contact Number:

Unit/House Number:

Your Current

Street Name:

Residential Address:

Suburb:

State:

Post Code:

POSTAL ADDRESS SAME AS ABOVE Yes No

Unit/House Number:

PO Box:

Postal Address:

Street Name:

Suburb:

State:

Post Code:

1) Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Torres Strait Islander
 Yes, Aboriginal Both Aboriginal and Torres Strait Islander

2) Are you still attending secondary school? (High School):

- Yes No

3) In which YEAR did you complete your highest schooling level? (EG. 1993):

4) What is the language you mainly speak at home?

- English Other: **PLEASE SPECIFY:**

5) How well do you speak English?

- Very Well Well Not Well Not at all

6) Do you consider yourself to have a disability, impairment or long-term condition?

- Yes (*Please Specify Below*) No (*Proceed to Question 7*)

6a) If YES, please indicate the areas of disability, impairment or long-term condition?

- Hearing/Deafness Physical Other
 Acquired Brain Impairment Intellectual Please Specify:
 Learning Medical Condition _____
 Mental Condition Vision

7) In which country were you born?

- Australia Other: **PLEASE SPECIFY:**

8) What is your highest COMPLETED school level?

- Never attended school Year 10 or equivalent
 Year 8 or below Year 11 or equivalent
 Year 9 or equivalent Year 12 or equivalent

9) Of the following categories, which BEST describes your current employment status?

- Full time employee Self Employed – not employing others
 Part-time Employee Employed – unpaid worker in family business
 Unemployed – seeking full time work Employer employing others
 Unemployed – seeking part time work Not Employed – not seeking employment

10) Have you successfully completed any other qualifications?

- Yes (*Please Specify Below*) No (*Proceed to Question 11*)
 Advance Diploma or Associate Degree Certificate I
 Bachelor Degree or Higher Degree Certificate II
 Diploma (or Associate Diploma) Certificate III (or Trade Certificate)
 Miscellaneous Education Certificate IV (or Advanced Certificate/Technician)

11) What is your citizenship status?

- Australian Citizen or eligible resident Overseas Resident