



Simple Solutions Training and Consulting

Enrolment Form

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in vocational training.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____

Date of Birth _____ Gender: _____

Emergency/Next of Kin Contact Details: Name _____ Phone: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: _____

Date of enrolment: _____

Training Agreement No. *(Applicable to Traineeships Only)* _____

3 EMPLOYMENT DETAILS

Business Name: _____

Contact Name: _____

Address: _____

Town/Suburb _____ Telephone: _____

4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander

Were you born in Australia? _____ If not, please specify? _____

Do you speak a language other than English at home?

<input type="checkbox"/>	No, English only <i>(Go to disability section)</i>
<input type="checkbox"/>	Yes, other – please specify

How well do you speak English? Very Well Well Not well Not at all

5 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

- | | | | | |
|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |

6 EDUCATION

What is your highest completed school level? In which year did you complete that school level

- | | | |
|---|--|---|
| <input type="checkbox"/> Completed year 12 | <input type="checkbox"/> Completed year 11 | <input type="checkbox"/> Completed year 10 |
| <input type="checkbox"/> Completed year 9 or equivalent | <input type="checkbox"/> Completed year 8 or lower | <input type="checkbox"/> Did not go to school |

Are you still attending secondary school? Yes No

Have you successfully completed any of the following qualifications?

- | | |
|--|--|
| <input type="checkbox"/> Yes <i>(please tick ANY applicable boxes)</i> | <input type="checkbox"/> No <i>(Go to the Employment section)</i> |
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above |

7 EMPLOYMENT and VOCATIONAL PLACEMENT

Of the following categories, which best describes your current employment status? *(Tick ONE box only)*

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

Has your employer agreed to provide you with the required vocational placement for this course? _____

8 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? *(Tick ONE box only)*

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> Other reasons |

9 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research and audit organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Signed: _____ Date: _____