

# Enrolment Form

Version: 4.2

Issued: 16/11/2017

Doc #: RTOFOR01

Authorised by: RTO Manager



## Office Use only:

**Qualification Code and Title:** .....

**Delivery Mode:** Classroom based  Workplace based  Flexible  Blended

## USI (Unique Participant Identifier)

Please list your USI number .....

Please note all participants/trainees/apprentices must obtain a USI by 1<sup>st</sup> January 2015 to continue/commence training

## Personal Details

Title: Mr  Mrs  Miss  Ms  . Gender: Male  Female  Date of birth ...../...../.....

Surname: ..... Given name: ..... Other names .....

Residential address: ..... Suburb: ..... P/C .....

Postal address (if different)..... Suburb ..... P/C.....

Please tick preferred contact method

Home Phone:..... [  ] Work Phone ..... [  ] Mobile..... [  ]

Email address:.....

Emergency contact name:..... Relationship:..... Phone.....

Town / City of birth:.....

## Cultural Diversity and Nationality

Indigenous Status: Aboriginal  Torres Strait Islander  Both  Neither

Are you an Australian Citizen: Yes  No

Were you born in Australia: Yes  No  If no, in which country were you born?.....

Do you speak a language other than English at home: Yes  No

If yes, which language do you usually speak?.....

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

## Schooling

Are you still attending secondary school: Yes  No

What is your highest COMPLETED school level: Year 12  Year 11  Year 10  Year 9  Year 8 or below  Did not go to school

In which year did you complete this level: ..... Name of school .....

## Previous Qualifications

Have you SUCCESSFULLY COMPLETED any of the following qualifications: Yes  No

If yes, please tick any applicable:

Certificate I  Certificate II  Certificate III or Trade Qualified Certificate  Certificate IV or Advanced Certificate

Diploma or Associate Diploma  Advanced Diploma or Associate Degree  Bachelor or Higher Degree

Certificates other than above .....

Where were these qualifications obtained:

A – Australia  E – Australian Equivalent  I – International

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## Employment Status

Of the following categories, which best describes your current employment status: (tick one box)

Full Time Employee  Part Time Employee:  Employed –unpaid worker in family business  Not employed-not seeking work   
Self-employed-not employing others  Unemployed seeking full time work  Unemployed seeking part time work

## Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes  No

If Yes, please indicate the disability, impairment or long-term condition

Acquired Brain Impairment  Hearing/Deaf  Intellectual  Learning  Medical Condition  Mental Illness   
Physical  Vision  Other

## Study Reason

Of the following categories, which BEST describes your main REASON for undertaking this course?

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

## How did you hear about FWDV?

Website  Facebook  Other internet  Club  Radio  TV  Referral  Magazine

Current/returning participant  Other .....

What is something you've learnt previously regarding the course you are enrolled in? .....

.....  
.....  
.....  
.....  
.....

How did you learn that?

.....  
.....

What is your preferred approach to learning (how do you like to learn?)

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.....  
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## Privacy Statement

I understand that FWDV is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with participant and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Participant Statistical Collection Guidelines (which are available at [www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx](http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx))

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisors, other government agencies, professional bodies and/or other organisations.

I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review

*The Education and Training Reform Act 2006 requires FWDV to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Participant Number and updating my personal information on the Victorian Participant Register.*

I hereby consent that the above information may be used for the purpose of research, statistical analysis, program evaluation and internal management by the relevant State Training Authority, Australian Apprenticeship Centre and/or Registered Training Organisation. The information provided by me in this enrolment form is true, accurate and complete to the best of my knowledge and belief. I understand that giving false or misleading information and/or failing to disclose any information relevant to my application may result in the withdrawal of any offer, particularly if it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.

I agree that I have been fully informed of all terms and conditions of my engagement in training with FWDV including course fees and associated costs, course outcomes and pathways and training and assessment arrangements including RPL.

Signature: .....Date...../...../.....

Current driver's licence [ ] Current learner's permit [ ] Proof of age card [ ] Keypass card [ ]

**Driver's Licence Number**

**Expiry Date**

**State**

Other form of ID: Type

Number

Date

Eg.

Australian Passport

Australian Brith Certificate

Medicare Card

Certificate of Registration By Descent

Citizenship Certificate

ImmiCard