



## STUDENT ENROLMENT APPLICATION

1. TRAINING PROGRAM DETAILS (Office Use Only)						
Program Code:		Program Cost:				
Program Name:						
Learning Pathway:	<input type="checkbox"/> Training and Assessment		<input type="checkbox"/> Assessment Only		<input type="checkbox"/> VOC	
Start Date:	/ /	End Date:	/ /	Delivery Mode:	<input type="checkbox"/> Classroom <input type="checkbox"/> Work Based	
2. STUDENT DETAILS						
Title: Mr / Mrs / Ms / Miss <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				Date of Birth	/ /	
Surname:		Given Names:				
Home Phone:				Mobile:		
Email Address:						
Residential Address:			Suburb		Postcode:	
Postal Address:			Suburb		Postcode:	
Employer:				Employment start date:		
3. UNIQUE STUDENT IDENTIFIER (USI) This must be completed						
USI No:	_____ (10 digits in total)					



4. PRIOR EDUCATION	
What is your highest level of school completed?	<input type="checkbox"/> Year 9 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12
In which year did you complete school?	_____
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advance Certificate	<input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates - other
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider that you have the literacy and numeracy skills to undertake the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. DISABILITY	
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state your disability, impairment or injury.	<input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired
6. CULTURAL DIVERSITY AND CITIZENSHIP	
Are you of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander
Are you an Australian or New Zealand Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If no what country were you born in? _____
7. EMPLOYMENT STATUS	
<input type="checkbox"/> Full Time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed seeking full time work <input type="checkbox"/> Unemployed seeking part time work <input type="checkbox"/> Unemployed not seeking employment



8. LANGUAGE			
Do you speak a language other than English at home?	<input type="checkbox"/> No – English only <input type="checkbox"/> Yes _____		
If yes, 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		
9. REASON FOR STUDY			
<input type="checkbox"/> To get a job or better job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> I want extra skills for my job		<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other	
10. EMERGENCY CONTACT			
Name:		Relationship:	
Home Phone:		Mobile:	
11. MARKETING AND IMAGES			
How did you hear about us?	<input type="checkbox"/> Existing Client <input type="checkbox"/> Consultant <input type="checkbox"/> Other <input type="checkbox"/> Internet <input type="checkbox"/> Employer		
Integral Skills may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.			
<input type="checkbox"/> I do not wish to be contacted regarding future training opportunities.			
During training, photos or footage may be taken of you. Do you give Integral Skills permission to use these photos or footage for such things as improving training resources, promotional documents and reports?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



**12. PAYMENT METHODS**

- Traineeship/Apprenticeship** Smart and Skilled
- Stakes Payment Option** (If Approved by RTO) For Stable Skills Short Course Only
- Fee For Service.** Complete Card Payment Details below if you have selected this option

**Credit Card Details (Fee For Service Courses Only)**

Mastercard

Visa

Card Holder Name:

Card Number:

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Expiry Date:

/ /

Card (CVC Code)

Credit cards will not be charged without prior notification, but *will* be charged upon the students' cancellation of their place in the course. (See cancellation policy)

**Tax invoice for Existing Account Holders**

Company Name:

Purchase Order No:



### 13. STUDENT DECLARATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

/ /

RTO use only:

Is learner support indicated? No / Yes Referred to: \_\_\_\_\_

Details entered into system? No / Yes

Enrolment confirmation sent? No / Yes

Has payment being received? No / Yes Amount paid : \_\_\_\_\_

Receipt No : \_\_\_\_\_

USI verified? No / Yes

Training scheduled to commence on the following date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_