

# Registration Form



Traineeships and Fee-for-Service Courses

| OFFICE USE ONLY  |                      |                      |                      |  |                      |  |                      |  |  |
|--|----------------------|----------------------|----------------------|--|----------------------|--|----------------------|--|--|
| Year   |                      |                      | Venue                |  |                      |  | Time                 |  |  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |                      |  | <input type="text"/> |  |  |
| Course Code  |                      |                      |                      |  | Course Title         |  |                      |  |  |
| <input type="text"/>   |                      |                      |                      |  | <input type="text"/> |  |                      |  |  |
| <b>Privacy Statement: Information relation to your training shall not be available to any party, other than those directly responsible for the administration of the Traineeship, the Trainer and the Employer</b> |                      |                      |                      |  |                      |  |                      |  |  |

| PERSONAL DETAILS                         |                      |                      | PART 1a   |                          |                      |
|--|----------------------|----------------------|---|--------------------------|----------------------|
| Title                                    | <input type="text"/> |                      | Gender (M/F)                                      | <input type="checkbox"/> |                      |
| Surname / Family Name                    | <input type="text"/> |                      |   |                          |                      |
| Given Name(s) (as per birth certificate) | <input type="text"/> |                      | First Name (as you would like on the certificate) | <input type="text"/>     |                      |
| Date of Birth                            | <input type="text"/> | <input type="text"/> | <input type="text"/>                              | <input type="text"/>     | <input type="text"/> |
| Street Number and Name                   | <input type="text"/> |                      |   |                          |                      |
| Suburb / Town                            | <input type="text"/> |                      |   |                          |                      |
| State                                    | <input type="text"/> | Postcode             | <input type="text"/>                              | Phone Number             | <input type="text"/> |

| BACKGROUND                                   |   | PART 1b |          |            |
|--|---|---------|----------|------------|
| Are you an Australian Citizen/Resident       | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |          |            |
| Are you of Aboriginal origin?                | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |          |            |
| Are you of Torres Straight Islander origin?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |          |            |
| Were you born in Australia?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Other, please specify <input type="text"/> |         |          |            |
| Is English the main language spoken at home? | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |          |            |
| If NO then please specify                    | <input type="text"/>  |         |          |            |
| How well do you speak English? (circle)      | Very well   | Well    | Not Well | Not at All |

## DISABILITY – Optional Question

### PART 1c

Do you consider yourself to have a permanent/significant disability?

Yes  No

If YES tick any applicable boxes -

Hearing / Deaf

Physical

Intellectual

Mental Illness

Acquired Brain Impairment

Vision

Medical Condition

Other

## PRIOR EDUCATION

### PART 1d

What was the highest level of secondary school completed (or current level, if still at school)

Year 9  Year 10  Year 11  Year 12   
(Form 3) (Form 4) (Form 5) (Form 6)

What year did you complete?

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Since leaving school have you successfully completed any of the following courses?

**Please circle YES / NO**

TICK appropriate boxes if yes:

Bachelor Degree or Higher Degree

Certificate III (or Trade Certificate)

Advanced Diploma or Associate Degree

Certificate II

Diploma (or Associate Diploma)

Certificate I

Certificate IV (or Advanced Certificate)

Certificate other than the above

Please provide details of the qualification(s)?

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Year completed

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

## EMPLOYMENT STATUS

### PART 2a

What is your current employment status? TICK an appropriate box

Full time employee

Employed – Unpaid worker (family/volunteer)

Part time employee

Unemployed – seeking full time work

Self employed – not employing others

Unemployed – seeking part time work

Employer

Not employed – not seeking employment

**Of the following categories, which BEST describes your main reason for undertaking this course? (tick one box only)**

**PART 2b**

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

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**Referring Organisation Details**

**PART 2c**

Company Name: \_\_\_\_\_

**Consultants Details**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Selection Process**

**PART 2d**

|   |   |
|---|---|
| <p><b>Office Use Only</b><br/>(Tick if completed)</p> | <p>Upon receipt of this registration form, clients will receive a letter notifying them of an appointment date and time of interview.</p> <p>At this appointment the client will be assessed for eligibility for the nominated course. This will include a Literacy and Numeracy test, a review of current competencies, and eligibility. Consequently this will determine the appropriate learning strategies for those selected.</p> <p>Should the client be successful, a letter of course offer will be forwarded with the enrolment date and time. This letter will outline the process which will include course induction followed by enrolment process and payment if applicable.</p> <p>Should the client be unsuccessful, a letter will be forwarded indicating that they have been unaccepted into the course.</p> |
| <p><input type="checkbox"/></p>                       |   |
| <p><input type="checkbox"/></p>                       |   |
| <p><input type="checkbox"/></p>                       |   |