



## Enrolment and Training Application Form

**Privacy Statement:** Under its national reporting obligations Australian College of Training is required to supply information collected on this form to State and or Federal Government agencies for purposes of research, statistics and program evaluations. By signing this form and attesting to the validity of the information supplied, the learner is agreeing to the supply of this information for the stated purposes. No other disclosure will be made without the learner's consent except as authorised or required by law. The learner has, on request, a right of access to personal information we hold about them.

### 1. COURSE DETAILS

New enrolment (*first time enrolment*)       Re-enrolment (*enrolled previously with College*)

You are enrolling in: (Please complete one of the following)			
Name of Qualification (Code & title):			
Unit/s of competency or Skill Set:			
Name of Short Course or Workshop:			
Course duration:		Start date:	

### 2. PERSONAL DETAILS

Title: ( <i>please ✓ tick</i> )	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other, please specify _____
First name:	Middle name:
Surname:	USI:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	
Unit/house number:	Building no# / Property name:
Street name:	Suburb:
State:	Postcode:
Postal address: ( <i>if different from above</i> )	
Home phone:	Mobile:
Email:	



<b>Country of birth:</b>		<b>City/Town of birth:</b>	
<b>First language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other, please specify	<b>How well do you speak English?</b>	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
<b>Do you have a disability, impairment or long term condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please ✓ tick)</i>	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Other _____		

### 3. EDUCATIONAL HISTORY

<b>Highest school level achieved:</b>	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> lower	<b>Year of completion:</b>	
<b>Are you still attending school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, name of school:</b>	
<b>Have you successfully completed any qualifications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please specify)</i>	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV (Or Advanced Certificate/Technician) <input type="checkbox"/> Diploma (Or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Diploma <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Qualifications other than listed		

### 4. EMPLOYMENT STATUS

<b>Which best describes your employment status?</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed ( <i>Unpaid worker in family business</i> ) <input type="checkbox"/> Unemployed ( <i>Seeking full-time work</i> ) <input type="checkbox"/> Unemployed ( <i>Seeking part-time work</i> ) <input type="checkbox"/> Unemployed ( <i>Not seeking work</i> )
<b>Name of employer or N/A</b>	

### 5. REASONS FOR STUDY

<b>What are your main reasons for undertaking this training program?</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> Personal Interest <input type="checkbox"/> Develop my own business <input type="checkbox"/> For Self Development <input type="checkbox"/> To start a new career <input type="checkbox"/> Requirement for my job <input type="checkbox"/> Extra skills for my job <input type="checkbox"/> To get a promotion /improve my career <input type="checkbox"/> To get into another vocational course or University
--	--

### 6. What is your current job title or role and what are your main job duties?

<b>Current job title or role:</b>	
<b>Main job duties:</b>	



## 7. PROOF OF IDENTIFICATION & RESIDENCY STATUS

Please provide either one form of Primary ID (must include a photo) OR two forms of secondary ID.

**\*Primary ID: One form of identification is required (Photo ID -must be verified)**

- Photo ID     Australian Driver's license     Australian passport     Photo card  
 New Zealand passport     Visa documentation (DIAC)     ImmiCard  
 Signature ID     Credit/Debit card/ATM card     Healthcare card/Concession  
 Other, please specify \_\_\_\_\_

**\*Secondary ID: Two forms of identification is required**

- Non-Photo ID     Australian birth certificate     Australian citizen certificate  
 Medicare card     Utility bill     Other, please specify \_\_\_\_\_

**Proof of age (under 18 years): One piece of photo identification is required**

- Australian birth certificate     Photo card     Australian Driver's license or learner's permit  
 Other \_\_\_\_\_

**If not an Australian or New Zealand Citizen or permanent resident, please provide your passport and visa conditions at time of enrolment to verify your eligibility to study in Australia.**

**College Representative declaration: I confirm that I have sighted the following original or certified copy of the original forms of identification listed above and confirmed residency status.**

College representative  
name:

College representative  
signature:

## 8. POTENTIAL FUNDING ELIGIBILITY

Privacy statement: Where the application relates to government funded training programs such as apprenticeships, traineeships, equity programs or other government funded programs, or eligibility for concession the data collected in this section assists the College determine the potential eligibility to participate in the program chosen and if concession is applicable.

Please note that until funding has been approved for the learner, no training can commence. The College is not responsible for outcomes of funding applications. If funding is not approved, learners or employers will be offered a fee-for-service cost for the training program applied for.

- Apprenticeship     School based apprenticeship     Pre- apprenticeship  
 Traineeship     School based traineeship     New Worker     Existing worker  
 Participation Program     Mentor skill set     PIT funding     Other \_\_\_\_\_

**No funding (if recognition is sought, attach Recognition Application form)**

- Fee for service     Recognition of Prior Learning (RPL)     National recognition (CT)

**Concession: Does the learner have a *valid concession card*?**     Yes (*proof attached*)     No

**Date of concession expiry:** \_\_\_\_\_

**For school leavers only: Is the learner under the *compulsory education period*?**     Yes     No

If yes, what was the last school the learner attended? please specify \_\_\_\_\_

**For SBT/SBA: Has an *ETES form* been received from AAC or school?**     Yes (*proof attached*)     No



## 9. REQUEST FOR LEARNER SUPPORT

Australian College of Training can provide additional learner support services or referrals / contact with external services. Please **✓** tick if the learner has any learning support needs to be considered.

Yes (If yes, please specify below)  No, not at this stage

- Oral communication (English language)  Literacy (reading, writing)  Numeracy  
 Learning difficulties (i.e. dyslexia, dyscalculia, Asperger's etc.) please specify \_\_\_\_\_  
 Physical disabilities please specify \_\_\_\_\_  
 Learning /study skills  mentor /tutor support  Other, please specify \_\_\_\_\_

**Is a learning support appraisal required?**  Yes (*refer to LLN Specialist*)  No

Where applicable, Has **DAAWS funding** been applied for by employer?  Yes  No

**Describe the learner support required to progress through the training, below.**

---



---

## 10. LEARNER DECLARATION (*Guardian/guarantor aged 18+ must co-sign if learner under 18*)

I declare that the information and supporting documents I have provided are true and correct.

I understand that by completing and signing the enrolment form and the acceptance of the enrolment by Australian College of Training is an agreement by both parties that a service has been contracted to be delivered.

As such, I agree:

- The College representative has discussed the privacy statement with me and I have been made aware of the protection of the information I have provided.
- I am an Australian or NZ Citizen, Permanent Resident or have visa conditions that provide me with eligibility to study in Australia.
- The College Representative provided me with a learner handbook, course outline, negotiated unit selection and have been informed of the requirements of the training program and accept them. Where I require support for the program, I have indicated this.
- I acknowledge that providing false/misleading information may result in the withdrawal or cancellation of enrolment at the discretion of the College.
- Where there is a "cooling-off" period that applies to my training program, I have been made aware of the terms and conditions of that cooling-off period and deadlines for cancellation of enrolment without penalties.
- I consent to the videoing or photographing of myself during training activities for use by the College in assessment of training and promotion of the College and Vocational Education and Training. I also agree to the publication of images or work samples in ways including, but not limited to, web sites, College newsletters, magazines and the local newspaper. The College will not video or publish images that breach intellectual property or confidentiality within a work site. I will notify the College if I decide to withdraw this consent.

Tick here if you do not give permission for videos or photographs to be used.

<b>Learner signature:</b>		<b>Date:</b>	
<b>Guardian/guarantor name:</b>		<b>Guardian/guarantor Phone contact:</b>	
<b>Guardian/guarantor signature:</b>		<b>Date:</b>	

**End of document**