

Course Enrolment Form

Please complete using, Blue or Black Pen and provide information as indicated. 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 comply with the Total Vet Activity reporting for RTOs

Course Details									
Course Name					Course Date/s				
Student Details									
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Doctor <input type="checkbox"/> Other <input type="checkbox"/>									
Given Names					Surname				
Contact Info		Home Ph			Mobile Ph			Work Ph	
		Email				Sex	Male /Female		
Residential Address									
Suburb					State			P/code	
Postal Address (Leave blank if same as Residential Address)									
Usual Residence Address(Leave blank if same as Residential address)									
Preferred contact method Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/>			DOB			Town and Country of birth			
Emergency/Next of kin Contact Details					Name			Phone	
Identification									
USI					Passport No				
Drivers Licence State & No							ID Sighted		
Company Details (If this is a Private Enrolment please Skip this Section)									
Company Name					Site				
Current Employment Status									
<input type="checkbox"/> Full Time			<input type="checkbox"/> Part Time			<input type="checkbox"/> Unemployed Not Seeking Work			
<input type="checkbox"/> Employee			<input type="checkbox"/> Self Employed			<input type="checkbox"/> Unemployed Seeking Work			
Reason For Study									
<input type="checkbox"/> To get a job			<input type="checkbox"/> Job requirement			<input type="checkbox"/> Personal interest			
<input type="checkbox"/> Better existing Business			<input type="checkbox"/> Extra skills for my Job			<input type="checkbox"/> Promotion or better job			
<input type="checkbox"/> Start my own Business			<input type="checkbox"/> For another course of study			<input type="checkbox"/> Try different career			

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Learning Requirement Information

Q1. Do you consider yourself to have a disability, impairment or long term condition?		<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Questions	
<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other: List below	
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Intellectual	_____	
Q2. Do you require assistance from the trainer during the course?		<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Question	
Please List _____					
Q3. Do you have any language, literacy or numeracy difficulties?		<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Question	
Please List _____					
Q4. How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not Very Well	
Q5. Are you of the following origin?	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No, Other		

Previous Education

What is the highest level of school you have completed?					
<input type="checkbox"/> Year 8 or Equivalent	<input type="checkbox"/> Year 10 or Equivalent	<input type="checkbox"/> Year 12 or Equivalent	<input type="checkbox"/> Never attended School		
<input type="checkbox"/> Year 9 or Equivalent	<input type="checkbox"/> Year 11 or Equivalent	<input type="checkbox"/> Still attending school	<input type="checkbox"/> Year Finished: _____		
In which year did you complete that school level					
Please indicate any successfully completed qualifications?					
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate III (Trade)	<input type="checkbox"/> Certificate IV		
<input type="checkbox"/> Diploma	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Other: _____		

Please ensure that you read and understand the following information.

Student Declaration

The information has been completed by me personally and the information I have given is correct
 On occasions filming or photos may be taken of training activities and I hereby consent to APT Training taking and using photographic material for media and publicity purposes

I have read and agree to the conditions of the cancellation policy.

I confirm the above enrolment for myself/my company for training to be conducted by APT Training

I understand that certificates will be issued on successful completion of the course and receipt of payment

I understand that my results will be forwarded to my employer

I agree to APT applying for or retrieving information from my Unique Student Identifier

I acknowledge that I have received sufficient information regarding:

<input type="checkbox"/> Enrolment and Selection	<input type="checkbox"/> Course Fees, Payments and Refund Policies
<input type="checkbox"/> Privacy Legislative and Regulatory Requirements	<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> LLN (Language, Literacy and Numeracy) Needs	<input type="checkbox"/> Student Induction and Orientation
<input type="checkbox"/> Recognition of Prior Learning (RPL)	<input type="checkbox"/> Access to Student Records
<input type="checkbox"/> Credit Transfer and Mutual Recognition	<input type="checkbox"/> The Appeals Process
<input type="checkbox"/> Complaints and Grievances	

Signed by Student	Sign here once you have acknowledged the above information	Date	DD / MM / YYYY
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