

# STUDENT ENROLMENT FORM

Please print clearly in black or blue pen.

<b>Surname</b>				
<b>Given names</b>				
<b>Gender</b>	MALE	FEMALE	OTHER	<b>Date of birth</b> (dd/mm/yy)

From 1 January 2018, we Australian Life Saving Academy Queensland (RTO2804) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

<b>USI</b>		<b>LUI</b>	
<b>Are you currently studying on a student visa?</b>		YES	NO

<b>City of birth</b>		<b>Country</b>	
<b>Home Phone</b>		<b>Mobile</b>	
<b>Email address</b>			

Residential Address:

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

<b>Flat/ unit details/ property name</b>			
<b>Street number</b>			
<b>Street name</b>			
<b>Suburb, locality or town</b>			
<b>State/territory</b>		<b>Postcode</b>	

Postal Address: (if different to above)

<b>Flat/ unit details/ property name</b>			
<b>Street number</b>			
<b>Street name</b>			
<b>PO BOX</b>			
<b>Suburb, locality or town</b>			
<b>State/territory</b>		<b>Postcode</b>	

<b>Are you Aboriginal?</b>	YES	NO	<b>Are you Torres Strait Islander?</b>	YES	NO
<b>How well do you speak English?</b>	VERY WELL		WELL	NOT WELL	NOT AT ALL
<b>Do you speak a language other than English?</b>	YES	NO	<b>Main Language spoken at home:</b>		

**What is your highest COMPLETED school level? (Tick ONE box only)**

Year 12 or equivalent	<input type="checkbox"/>	Year 8 or below	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Never attended school	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	Still attending school	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	<b>Which YEAR did you complete the level?</b>	<input type="text"/>

**Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**

Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Part-time employee / casual	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

**Please tick ANY the following qualifications you have SUCCESSFULLY completed (if none leave blank).**

Bachelor degree or higher degree	<input type="checkbox"/>	Certificate III (or trade certificate)	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	No completed qualifications	<input type="checkbox"/>
Other	<input type="checkbox"/>	Details:	<input type="text"/>

**Please indicate any disabilities, impairments or long-term conditions you consider yourself to have: (You may indicate more than one area)**

Hearing/deaf	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>	None	<input type="checkbox"/>
Other	<input type="checkbox"/>	Detail:	<input type="text"/>		

**Which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)**

To get a job	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reason:	<input type="text"/>

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO the Australian Lifesaving Academy Queensland is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.
- I have read and understood the student information sheet

<b>Student signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
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