

STAFF-IN-CONFIDENCE  
(WHEN COMPLETE)

# Enrolment Form

Information contained in this document is utilised in accordance with Training For Me's Privacy Policy

Please complete the following form in full and return.

If you have any questions, please contact our customer service staff on:

1800 222 336, or

visit our website at: [www.trainingforme.edu.au](http://www.trainingforme.edu.au)

WA - Post: Ocean Keys Shopping Centre, Unit  
201, 36 Ocean Keys Blvd (above Grill's) Clarkson  
WA 6030.

Email: [info@trainingforme.edu.au](mailto:info@trainingforme.edu.au)

Fax: (08)92380770

## Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Surname:					
Given Names:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		

## Section 2 – Identification

Have you completed a Course with TRAINING FOR ME previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Previous Course Name		

### Unique Student Identifier (USI)

TRAINING FOR ME is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification.

Do you have a USI?	<input type="checkbox"/> Yes	Your USI No.	
** Obtaining your USI?	<input type="checkbox"/> No <input type="checkbox"/> I will obtain my own USI from <a href="http://www.usi.gov.au/">http://www.usi.gov.au/</a> . I understand that delay in supplying my USI to TRAINING FOR ME may result in delay in course participation and certification. <input type="checkbox"/> I authorise TRAINING FOR ME to obtain a USI on my behalf. I have attached one form of ID.		

### Provide at least ONE form of ID (e.g. Driver's License) *(Admin Staff will need to sight your ID)*

ID Type:		
ID #:		
ID Sighted (Admin to sign):		

### List relevant industry licences you hold

Examples:	<input type="checkbox"/>
• Occupational Licenses	<input type="checkbox"/>
• Industry Inductions	<input type="checkbox"/>
• First Aid	<input type="checkbox"/>
• High Risk	<input type="checkbox"/>

## Section 3 – Qualification / Course Details

I wish to enrol in the following course:

Qualification / Course Name:			
Delivery Mode & Commencement :	<input type="checkbox"/> Classroom	Date:	
	<input type="checkbox"/> Correspondence	Time:	
	<input type="checkbox"/> Online	Location:	
	<input type="checkbox"/> Apprenticeship / Traineeship		
	<input type="checkbox"/> Workplace – Based		
	<input type="checkbox"/> School – Based		
	<input type="checkbox"/> Assessment Only (RPL)		

## Section 4 – Contact Details

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Personal Contacts			
Phone: (Home)		Mobile:	
Email:			
Home Address:			
Address:			
Suburb:		State:	Postcode:
Mailing Address:			
Address:			
Suburb:		State:	Postcode:
Next of Kin :			
Name:		Relationship:	
Contact Tel :		Mobile No:	

Section 5 – Workplace Details (if applicable)			
Company Name:			
Address:			
Suburb:		State:	Postcode:
Email Address :			
Contact Person:		Work No:	

Section 6 – Marketing Feedback		
<b>How did you hear about TRAINING FOR ME?</b>	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage /	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> I am a Past Student <input type="checkbox"/> From a past student of TRAINING FOR ME
	Other :	
<b>How did you hear about this course?</b>	<input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio	<input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend
	Other :	

## Section 7 – Personal Information

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## A. Indigenous Status *(Please choose by placing an X in the boxes that apply to you)*

<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

## B. Employment Status *(Please choose by placing an X in the boxes that apply to you)*

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<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

## C. Disability Status *(Please choose by placing an X in the boxes that apply to you)*

Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?

Yes       No – Go to D.

Disability, Impairment or Long-Term Condition:

<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Not Specified

Other :

Do you need any additional support?       Yes       No

Specify support required :

## D. Language and Literacy *(Please choose by placing an X in the boxes that apply to you)*

Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>County and Town of Birth</b>	
Please State your Visa Classification (if applicable) – eg 572, 457 etc	
Is English your First Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what language do you usually speak?	
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Minimal <input type="checkbox"/> Well <input type="checkbox"/> Not at all

## E. Education *(Please choose by placing an X in the boxes that apply to you)*

What is your highest level of education COMPLETED?

<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent

Year / Month Completed :      /      School:

## F. Training *(Please choose by placing an X in the boxes that apply to you)*

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Have you completed any other courses / qualifications? (Specify Below)  Yes  No

Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
<input type="checkbox"/> Certificate I		<input type="checkbox"/> Diploma/Adv Diploma	
<input type="checkbox"/> Certificate II		<input type="checkbox"/> Bachelor	
<input type="checkbox"/> Certificate III		<input type="checkbox"/> Post Grad	
<input type="checkbox"/> Certificate IV		<input type="checkbox"/> Masters/Doctorate	

Other :

## G. Reason for Study (Please choose by placing an X in the boxes that apply to you)

Which of the following statements best describes your reason for enrolling in this course?	<input type="checkbox"/> Personal Interest <input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job	<input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> To gain a qualification
	<input type="checkbox"/> Other: (Please identify)	

## Section 8 –Client Enrolment and Policy acceptance Declaration

I, \_\_\_\_\_, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to TRAINING FOR ME to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

I declare that I have read, understood and agree with the following:

Initial

All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

### PRIVACY

The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact Director Training For Me .

### REFUND POLICY

Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us.

### COLLECTION FEES

By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.

Client Name:

Client Signature:

Date:

/ /

RTO Staff Name:

RTO Signature:

Date:

/ /

Admin Use Only