

**Student Details:**

<b>Name:</b>						
<b>Postal Address:</b>						
	<b>Suburb</b>		<b>State</b>		<b>P/Code</b>	
<b>Phone:</b>	<b>H</b>		<b>W</b>		<b>M</b>	
<b>Email:</b>						
<b>Date of Birth:</b>						
<b>Student Declaration:</b>	<p>I confirm the accuracy of the information provided.          I have received and read the Student Information Handbook.          Work submitted as part of my assessment will not be plagiarised.</p>					
<b>Student Signature:</b> Signature of parent or guardian required for students under 18 years of age				<b>Date</b> / /		

**Employer Details:** (for traineeships only)

<b>Trading Name:</b>						
<b>Address:</b>						
	<b>Suburb</b>		<b>State</b>		<b>P/Code</b>	
<b>Phone:</b>		<b>Fax:</b>				
<b>Email:</b>						
<b>Workplace Supervisor:</b>						

**Course Detail:**

<b>Learning Objectives</b>	<p>What do you hope to achieve as a result of this training?</p> <p>Is a qualification that is recognised as part of the Australian training framework part of your plans?</p>					
<b>Course Detail:</b>						
<b>Delivery Mode:</b>	<b>Distance</b>		<b>Face to Face</b>		<b>Combination</b>	
<b>Commencement Date:</b>						
<b>Trainer and Assessor:</b>						

**Other:**

<b>Emergency Contact:</b>	Person you want us to contact in the event of an emergency. Please include contact phone number.
<b>Special Needs:</b>	Allow us to make your learning experience with us more enjoyable – please indicate any special needs you may have below.
<b>Password:</b>	As part of our commitment to ensuring the privacy of your personal and academic details, please provide us with a password below: This password will allow you to access your own student information however, access by any third party will require your written consent in each instance.  My mothers maiden name is: _____

**For Office Use Only:**

<b>Enrolment Officer</b>			
<b>Student Number</b>			
<b>File Creation</b>	Date of file creation:		
<b>Student Classification</b>	<input type="checkbox"/>	<b>Commonwealth Funded Traineeship</b>	<input type="checkbox"/>
<b>Referral Type</b>	<b>Fee for Service</b>		
<b>Payment</b>	<b>Payment Method</b> <ul style="list-style-type: none"> <li>• Cash</li> <li>• Cheque</li> <li>• Credit Card</li> <li>• Invoice</li> </ul>		<b>Payment Received</b> \$  <b>Payment Outstanding</b> \$
<b>AVETMISS</b>	<input type="checkbox"/>	<b>Captured</b>	<input type="checkbox"/>
<b>LL&amp;N</b>	<input type="checkbox"/>	<b>Assessed</b>	<input type="checkbox"/>
<b>Student Interview</b>	<input type="checkbox"/>	<b>Scheduled For</b>	<input type="checkbox"/>
<b>Notations:</b>			



<b>What is your highest completed school level?</b>	<b>Year 12</b> <b>Year 9 or lower</b> <b>Year 11</b> <b>Still attending secondary school</b> <b>Year 10</b>  <b>Year of completion:</b>	
<b>Have you successfully completed any qualifications?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>
	<b>If yes, please indicate level of qualification:</b>	
<b>How would you describe your current employment status:</b>	<b>Full-time employee</b> <b>Part-time employee</b> <b>Self employed</b> <b>Employer</b> <b>Employed – unpaid in family business</b>	<b>Unemployed – seeking full-time work</b> <b>Unemployed seeking part time work</b> <b>Not employed – not seeking employment</b>