



Enrolment form

Learner details

Last name:		First Name:	
Date of birth:		Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Residential address:			
Postal address (Please state AS ABOVE if same):			
Home telephone:		Mobile:	
Work telephone:		Fax number:	
Emergency Contact: <i>(name and contact number)</i>			
Email address:			

Employer details (if applicable)

Company name:
Address & phone number:

Unit or Qualification Enrolment (please ✓)

BSB10107	Certificate I in Business	<input type="checkbox"/>	BSB20107	Certificate II in Business	<input type="checkbox"/>
BSB30107	Certificate III in Business	<input type="checkbox"/>	BSB30407	Certificate III in Business Administration	<input type="checkbox"/>
BSB31207	Certificate III in Frontline Management	<input type="checkbox"/>	BSB40207	Certificate IV in Business	<input type="checkbox"/>
BSB40507	Certificate IV in Business Administration	<input type="checkbox"/>	BSB40807	Certificate IV in Frontline Management	<input type="checkbox"/>
BSB40407	Certificate IV in Small Business Management	<input type="checkbox"/>	BSB40507	Certificate IV in Business Sales	<input type="checkbox"/>
BSB41007	Certificate IV in Human Resources	<input type="checkbox"/>	BSB41407	Certificate in Occupational Health & Safety	<input type="checkbox"/>
BSB41307	Certificate IV in Marketing	<input type="checkbox"/>	CHC30208	Certificate III in Disability Work	<input type="checkbox"/>
BSB40308	Certificate IV in Disability	<input type="checkbox"/>	CHC30102	Certificate III in Aged Care	<input type="checkbox"/>
CHC40102	Certificate IV in Aged Care	<input type="checkbox"/>	HTLFA301B	Apply First Aid	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

Please tick one:

Jobseeker

Existing Worker

Fee For Service

AVETMISS DATA

Indigenous status:

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

Country of birth:

- Australia
 - Other (specify below)
-

Secondary School Details:

Still At School?: Yes No

Year Completed:

Where Completed:

Highest School Level Completed:

- Did not go to school
- Completed Year 8 or below
- Completed Year 9 or Equiv.
- Completed Year 10
- Completed Year 11
- Completed Year 12

Language Spoken at Home:

English
 Other (specify below)

Labour Force Status:

Employed - unpaid worker in family business
 Employer
 Full time Employee
 Not employed - not seeking employment
 Part time Employee
 Self employed - not employing others
 Unemployed - seeking full time work
 Unemployed - seeking part time work

Proficiency in spoken English:

(Only if "Language Spoken at Home" is not English)

How well do you speak English? Very Well
 Well
 Not Well
 Not at All

Disability

Have Disability Yes No

Acquired Brain Impairment
 Hearing / Deaf
 Intellectual
 Learning
 Medical Condition
 Mental Illness
 Physical
 Vision
 Unspecified

Prior Education

Have Prior Education Yes No

Certificate I
 Certificate II
 Certificate III
 Certificate IV
 Diploma Level
 Advanced Diploma or Degree Level
 Bachelor Degree or Higher Degree Level
 Miscellaneous Education
 Unspecified

Privacy Policy

The primary purpose in collecting your information is to fulfil our business commitments to you in providing education and training. We may use the information you provide to help improve the services we deliver to you, measure interest in our services, inform you of other products and services or to comply with requirements under the law. We shall not otherwise disclose your personal information to any other party without your consent and we do not sell personal information to third parties.

Refund policy

You must advise us of cancellation in writing or by email. All monies, less a 20% administration fee, will be refunded if cancellation occurs before any training or assessment takes place. Cancellation after training or assessment begins will attract a 20% administration fee and the deduction of the full cost of any training or assessment the learner had access to up until cancellation date. In the case of online learning, training and assessment is deemed to have commenced once the learner has been issued a username and login and these have been used to access the online material.

Client services: General information

We have a flyer that contains general information for clients. If you have not already received a copy, please inform RTO administration when you return this enrolment form and they will ensure that you receive it.

Signature:

Date:

Return to: **NSW VOCATIONAL TRAINING MANAGER, ACTIVE WORKING SOLUTIONS, P O BOX 854
CAMPBELLTOWN NSW 2560 OR VIA FAX ON 1300 132 991**