

STUDENT ENROLMENT FORM

Do you have a Unique Student Identifier (USI)? (Please refer to the attached fact sheet for further information)

- Yes. Unique Student Identifier: _____
- No. Please also complete T&A_FRM.22 Unique Student Identifier (USI) Authorisation Form for CTD to obtain a USI on your behalf.

Course Code: _____		Course Name: _____			
Family Name: _____		Title: Mr / Mrs / Ms / Miss			
Given Names: _____		Gender: Male / Female			
Email: _____		Date of Birth: _____			
Town / City of Birth: _____					
Residential Address: _____		Postcode: _____			
Telephone:	Home: _____	Work: _____	Mobile: _____		

Eligibility			
Are you 15 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently attending high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously completed a Certificate III level qualification in AUSTRALIA since finishing your High School education? If yes, what was the qualification: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you partially completed a Certificate III level qualification in Australia (including while at high school)? If yes, what was the qualification: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently enrolled in another course or qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent QLD resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you hold a current concession card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>You will be required to provide Calibre Training & Development a copy of your concession card in order to receive the concessional rate of applicable student co-contribution fee. Note: Your concession card must be valid for the duration of your training course</i>	

Disabilities – Do you consider yourself to have a disability or long term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the area of disability.									
Hearing	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>	Other (please specify) _____			<input type="checkbox"/>

Emergency Contact – person you want us to contact in an emergency?	
Name: _____	Phone: _____
Relation to emergency contact (e.g. Son / Daughter etc.) _____	

Employment Status – please tick which BEST describes your current employment status (tick one box only)	
Employed full time	<input type="checkbox"/>
Employed part time or casual	<input type="checkbox"/>
Self employed – not employing other people	<input type="checkbox"/>
Employer – someone who employs other people	<input type="checkbox"/>
Employed – unpaid family worker	<input type="checkbox"/>
Unemployed – seeking full time work	<input type="checkbox"/>
Unemployed – seeking part time or casual work	<input type="checkbox"/>
Not employed – not looking for employment	<input type="checkbox"/>

Study Reason – please tick which category BEST describes your main reason for undertaking this course (tick one box only)	
To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest or self-development	<input type="checkbox"/>

Cultural and Language Diversity	
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which country were you born?	Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an Australian permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide citizenship status? _____
If you were born outside of Australia or New Zealand, you will be required to provide a copy of your passport for a VEVO check to be conducted. This check will confirm your right to work and be trained in Australia and if you have the right to access Government training subsidies/funding	
Do you identify yourself as any of the following? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander	
Note any language other than English used at home: _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	

Schooling – are you still attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered no, what is your highest completed school level?			
Year 8 or lower <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>
Year 12 <input type="checkbox"/>	Never attended school <input type="checkbox"/>	In which year did you finish? _____	
If you answered yes, provide current grade and name of school: _____			

Prior Qualifications Achieved			
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tick applicable boxes:			
Bachelor Degree or High Degree <input type="checkbox"/>	Certificate III (or trade Certificate) <input type="checkbox"/>		
Advance 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"/>	Certificates other than the above <input type="checkbox"/>		
If you have ticked yes to any qualifications above, you may be required to provide a copy of your Certificate if Credit Transfers or Recognition might apply.			

Recognition of Prior Learning (RPL) – do you wish to apply for RPL based on previous formal and/or informal learning and work experience relevant to the qualification you are enrolling for? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, a trainer/assessor will be in contact post enrolment to qualify you for RPL and commence the process.

How do you learn? Tick which statement below best reflects your learning style:			
I like to write notes	<input type="checkbox"/>	I like to practice the task(s)	<input type="checkbox"/>
I listen and remember	<input type="checkbox"/>	I like to highlight with colours	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>		
What are your expectations from this course?			
What do you think you will learn from completing this course?			
Have you started a course before, then decided you didn't wish to continue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, why? _____			

Disclosure

Outcomes play an important role in developing and delivering training and are used as part of customer satisfaction, continuous improvement and market purposes. If you have any objection to being contacted, please tick here

Privacy Statement

Information collected from this form will only be used for government reporting and compliance matters. Calibre Training & Development will not disclose any information collected from this form to a third party without the student's express permission or when required by legislation to do so.

Student Declaration

Prior to my enrolment I was provided with a Student Handbook Yes No

In signing this enrolment form, I agree that:

- I understand the giving of false or incomplete information may lead to the refusal of my enrolment
- I have been given information on relevant fees and charges
- I understand I will be assessed for competency throughout this program/course
- I understanding that I have access to a complaints and appeals process
- I have been asked whether I have previous qualifications and the information I have provided is true and accurate to the best of my knowledge
- I have been informed that if I hold previous qualifications, I may be required to provide a copy of this documentation to Calibre Training & Development and may be eligible to receive Credit Transfers or Recognition
- I have been asked if I require additional support with literacy and/or numeracy to complete this program/course
- I understand that I am enrolling into a Nationally Recognised Qualification
- I am not enrolled in any other course or qualification at the time of this enrolment

Certificate 3 Guarantee Program Participants Only

- I understand that under the Certificate 3 Guarantee Program once I am funded for a Certificate III course, I would not be able to receive funding again under the same initiative Yes No
- I understand that I must meet eligibility criteria before approval to enroll into the Certificate 3 Guarantee course will be granted Yes No
- I understand that I will be required to complete a student employment survey within three (3) months of completing or withdrawing from my program/course Yes No
- I have been provided with a Certificate 3 Guarantee Factsheet Yes No
- I was made aware of the co-contribution fees prior to my enrolment Yes No
- I was made aware that I will only be entitled to **one** Certificate III subsidised training place under the Certificate 3 Guarantee Program Yes No

Please note that enrolment is not confirmed or guaranteed until your LLN has been assessed and the qualification/course is deemed appropriate.

Student signature: _____

Date: _____

