IN 4 Training

ENROLMENT FORM

Please complete all details on this enrolment form. This information will be used to enrol you in the course or qualification you are seeking. Some of the information contained on this form may be keyed into the national database and used for statistical purposes only. If your require assistance to fill out this form please ask your training facilitator for help.

Course details

1. Name of the Qualification or course you are enrolling in: _____

2. Date held:_____   3. Location _____

Personal Details

4. Full Name (please Print)_____

5. Date of Birth _____   6. Male   Female

7. Residential address_____

8. Postal Address: _____

9. Email address: _____

10. Contact phone number _____

Employer Details:

11. Employers Name:_____

12. Employers Address:_____13. Phone No._____

Language and Cultural Diversity

14. Which country were you born?   Australia   Other (please Specify)_____

15. Do you speak a language other than English at home?   English

          Other_____

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

17. Are you of Aboriginal or Torres Strait Islander origin? No   Yes Aboriginal

          Yes Torres Strait Islander

Disability

18. Do you consider yourself to have a disability, impairment or long term condition   Yes   No

19. If yes, then please indicate the areas of disability, impairment or long term condition:

Hearing/Deaf   Physical   Intellectual   Learning   Mental illness   Vision

Other_____

Schooling

20. What is your highest COMPLETED school level?   Year 12 or Equivalent
          Year 11 or equivalent
          Year 10 or Equivalent
          Year 9 or Equivalent
          Year 8 or Equivalent
          Never completed Senior school

21. What year did you complete that school level?_____

22. Are you still attending secondary school?   Yes   No

23. What is your Unique Student Identifier no?_____ Mandatory Government Req.

Previous Qualifications Achieved

24. Have you SUCCESSFULLY completed any of the following qualifications   Yes   No

25. If YES, then tick ANY applicable level   Bachelor Degree or Higher

Advanced Diploma or Associate Degree

Diploma / Associate

Certificate IV

Certificate III (or Trade Cert)

Certificate II

Certificate I

Any other _____

Employment

26. Which BEST describes your current employment status?   Full time employee

Part time employee

Casual employee

Self employed

Employer of others

Unemployed - seeking work

Not employed - not seeking work

Training reason

27. Why did you undertake this training?   For further education

Part of my job

Requalification requirement

Upskilling

28. I am aware that the information in this enrolment form may be provided to the Federal Training Authority for statistical purposes and during audit requirements   Yes   No

29. I give permission for In 4 Training to use my photograph taken during the course of my training for marketing and advertising purposes only   Yes   No

30. I understand that my photo may be used for reference material of my competency during an audit
          Yes   No

31. I give permission for In 4 Training to use my feedback comments that maybe used for marketing and advertising purposes   Yes   No

32. In 4 Training will provide access to studentøs personal files and will not disclose information to a third party without my written permission from the student (RRTO courses exempt)   Yes   No

Certificate issuance

33. I require my certificate to be sent to the following address _____

_____

Signed: _____   Date_____

Office Use Only		
New trainee / Existing client/ Other / fee for service (please Circle)		
Student number issued:	Number:	Initials
File created	Date	Initials
Certificate sent / given to trainee	Date	

Form 9.12 enrolment form V1/01/2015