

How did you find out about this program?

- Newspaper Advertisement Online Advertisement
 Job Network Provider School
 Other _____

Education Details

What is your highest completed school level? 12 / 11 / 10 / 9 / 8 / Below / None

What year did you complete that school level? _____

Have you achieved any tertiary qualifications? Yes No

If yes, please tick any appropriate boxes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Diploma | <input type="checkbox"/> Advanced / Associate Diploma |
| <input type="checkbox"/> Bachelor Degree or Higher | | |

Study Reasons

- | | |
|---|--|
| <input type="checkbox"/> 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 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 | <input type="checkbox"/> For self development |
| <input type="checkbox"/> Other reasons | |

Special Needs

Do you consider yourself to have a permanent and significant disability? Yes No

If yes, please tick any appropriate boxes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Mental Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Physical | |

Other (please specify): _____

Privacy & Recordkeeping

Careers Australia Institute of Training collects and stores your personal details. During training we record your progress. We use this information to measure your and our performance, as well as to let you know about our future products/services. Where State or Commonwealth funding supports training we are obliged to submit your personal and progress details for research, statistical analysis, program evaluation, post completion surveys and internal management purposes. We **DO NOT** share, sell or rent your information that you provide us. The confidentiality of the information we collect from you is protected under the Privacy Act.

Declaration

I declare that the statements made by me on this enrolment form are true, complete and correct and that I have and understood the Privacy & Recordkeeping clause above.

Applicant signature: _____ Date: _____

If under 18, parent / guardian name: _____ Relationship: _____

Signature: _____ Date: _____

RETURN YOUR COMPLETED FORM TO:

POST Careers Australia – Apprenticeship Access PO Box 1433, Fortitude Valley QLD 4006	FAX 1300 436 605
EMAIL enrolments@careersaustralia.edu.au	PHONE 1300 887 696

OFFICE USE ONLY:

<input type="checkbox"/> Student entered into register	<input type="checkbox"/> Student Number from Register noted on form
<input type="checkbox"/> Student entered in VETtrak	<input type="checkbox"/> Student Number from VETtrak noted on form