

Personal Details
Training Centre: _____

Student Number: _____

Learner Unique Identifier: _____

(Required for School-based students only)

NAME:			
ADDRESS:			
		POSTCODE:	
PO ADDRESS:		POSTCODE:	
PHONE: (Home)		DATE OF BIRTH:	
(Mobile)		EMAIL:	
	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
EMERGENCY CONTACT:	NAME:		
	RELATIONSHIP:		
	ADDRESS:		
	PHONE: (Home):	(Mobile):	
PREFERRED CONTACT METHOD:	<input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> In Person		

Employer Details (Australian Apprenticeships/Traineeships only)

CONTACT NAME:			
COMPANY:			
ADDRESS:			
PHONE: (Work)			
(Mobile)			
(Fax)		EMAIL:	

Course Details

COURSE NAME:	
COURSE CODE:	

Registration Details (Australian Apprenticeships/Traineeships only)

AAC:	
CONTRACT START DATE:	
INDENTURE NUMBER:	

Other Personal Details (Required by Government Authority)

Employment Status

- Full Time Employed Casual Employment
 Part Time Employed (includes School Based) Not employed



Other Details

Were you born in Australia? Yes No

If No, please specify which country: _____

Are you of Aboriginal or Torres Strait Islander Origin? Yes No (If yes, please specify)

Yes, Aboriginal Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Which language do you mainly speak at home? _____

How well do you speak English?

- Very well Well
- Not Well Not at all

Education Details

Are you still attending School? Yes No

If so, please list your school: _____

What is your highest completed school level? 12 / 11 / 10 / 9 / 8 or below /
Did not go to school (*please circle*)

What year did you complete that school level? _____

Have you achieved any tertiary qualifications? Yes No

If yes, please tick any appropriate boxes:

- Certificate I Certificate II
- Certificate III Certificate IV
- Diploma Level Advanced/Associate Diploma
- Bachelor Degree or Higher

Study Reasons

- To get a job To develop my existing business
- To start my own business To try for different career
- To get a better job or promotion It was a requirement of my job
- I wanted extra skills for my job To get into another course of study
- For personal interest For self development
- Other reasons

Special Needs

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

If yes, please tick any appropriate boxes:

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

Other (please specify): _____

Declaration

I declare that the statements made by me on this enrolment form are true, complete and correct and acknowledge that should any Learner Resources that are issued to me by Careers Australia be lost or damaged, the cost of replacement is my responsibility.

Applicant's Signature: _____ Date: _____

Parent / Guardian Signature (if under 18): _____ Date: _____