



The Training & Business Consortium

## **TRAINING ENROLMENT FORM**

Please fill in all sections clearly by writing in block letters

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

### **1. PERSONAL DETAILS**

Mr.  Mrs.  Ms.  Miss.

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Details: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **2. COURSE DETAILS**

Course/qualification: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Training Agreement No. \_\_\_\_\_  
(Trainees only)

### **3. EMPLOYMENT DETAILS**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

The Training & Business Consortium  
1 Self's Point Road, Cornelian Bay  
Tasmania 7008



#### 4. LANGUAGE & CULTURAL DIVERSITY

Are you Aboriginal or Torres Straight Islander?

No                       Yes, Aboriginal                       Yes, Torres Straight Islander

Were you born in Australia?                       Yes                       No

If not, please specify: \_\_\_\_\_

Do you speak another language other than English at home?

No                       Yes

If yes, please specify: \_\_\_\_\_

Very Well                       Well

#### 5. DISABILITY

Do you have a disability or long term condition? *E.g. Visual, Intellectual, physical*

Please Specify: \_\_\_\_\_

#### 6. EDUCATION

What is your highest completed level/year of school? What year did you complete level?

Completed year 12                       Completed year 11                       Completed year 10

Completed year 9 or equivalent                       Completed year 8 or lower

Are you still attending secondary school?                      Yes                       No

Have you completed any of the following qualifications?

Yes                       No

- ❖ Bachelor Degree *or* Higher Degree
- ❖ Advanced Diploma *or* Associate Degree
- ❖ Diploma *or* Associate Diploma
- ❖ Certificate IV
- ❖ Certificate III
- ❖ Certificate II
- ❖ Certificate I
- ❖ Advanced Certificate
- ❖ Technician Certificate
- ❖ Trade Certificate
- ❖ Other? -

Please specify: \_\_\_\_\_

## 7. EMPLOYMENT STATUS

Of the following, which best describes you current employment status? (*Tick one box only*)

- |   |  |
|---|--|
| <input type="checkbox"/> Full Time                                    | <input type="checkbox"/> Unemployed (seeking full time position) |
| <input type="checkbox"/> Part Time                                    | <input type="checkbox"/> Unemployed (seeking part time position) |
| <input type="checkbox"/> Self employed, not employing others          | <input type="checkbox"/> Unemployed (not seeking employment)     |
| <input type="checkbox"/> Employer                                     |  |
| <input type="checkbox"/> Employed (un-paid worker in family business) |  |

## 8. REASON FOR STUDY

Of the following categories, which best describes your main reason for undertaking this course/ traineeship/ apprenticeship? (*Tick one box only*)

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> Requirement for job                 |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> Want extra skills for job        | <input type="checkbox"/> Self development                    |
| <input type="checkbox"/> Personal interest                | <input type="checkbox"/> Other reasons                       |
| <input type="checkbox"/> To develop my existing business  |  |

## 9. DECLARATION

*I understand that information obtained in this form may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.*

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_