

# Training Enrolment Form



## Course Details (Please write in block letters)

Qual/Unit Title \_\_\_\_\_

Delivery Method  Face to Face  E-Learning  RPL  RCC  Traineeship  Other

WA Skills Training, as a Registered Training Organisation (RTO Number 5715), is required to report certain statistical information. The confidential answers to the questions below form part of this requirement. Further information regarding the use of AVETMISS data can be obtained from [www.ncver.edu.au](http://www.ncver.edu.au)

## Personal Details – enter full legal name (e.g. name on your drivers licence)

\*\*USI Number \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

## Contact Details

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile \_\_\_\_\_

\*Email (required field) \_\_\_\_\_

## Employment Details (Complete this section if your employer is paying for training)

Company \_\_\_\_\_

Contact person \_\_\_\_\_

Work phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile \_\_\_\_\_

## Address - Your home address is the address at which you usually live, **NOT** a temporary address at which you live for work or training.

Building/Unit Details \_\_\_\_\_

Street Number/Name \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

## AVETMISS Information

Country of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

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

(For persons of both groups mark both 'Yes' boxes)  Decline  Yes - Torres Strait Islander

Employment Status; Which of the following BEST describes your current employment status?

**\*Casual employees please select the position that best fits your average hours of work.**

- |                                      |                          |   |                          |
|--------------------------------------|--------------------------|---|--------------------------|
| Full-time employee (≥ 36 hrs p/w)    | <input type="checkbox"/> | Employed - unpaid worker in a family business | <input type="checkbox"/> |
| Part-time employee (< 36 hrs p/w)    | <input type="checkbox"/> | Unemployed - seeking full-time work           | <input type="checkbox"/> |
| Self-employed - not employing others | <input type="checkbox"/> | Unemployed - seeking part-time work           | <input type="checkbox"/> |
| Employer                             | <input type="checkbox"/> | Not employed - not seeking employment         | <input type="checkbox"/> |

Is English your primary language?  Yes  No

If no, what language do you speak at home? \_\_\_\_\_

How well do you speak English?  Very well  Well  
 Not well  Not at all

Are you currently attending any other school?  Yes  No

If yes, name of the school \_\_\_\_\_

What is your highest COMPLETED school level? *(tick one box only)*

- |                       |                          |                       |                          |
|-----------------------|--------------------------|-----------------------|--------------------------|
| Year 12 or equivalent | <input type="checkbox"/> | Year 9 or equivalent  | <input type="checkbox"/> |
| Year 11 or equivalent | <input type="checkbox"/> | Year 8 or below       | <input type="checkbox"/> |
| Year 10 or equivalent | <input type="checkbox"/> | Never attended school | <input type="checkbox"/> |

In which year did you complete that school level? \_\_\_\_\_

Do you have any impairments or disabilities that may affect your enrolment in this training? *(Indicate more than one area if required)*

|  |                                       |  |                                      |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> No                                  | <input type="checkbox"/> Hearing      | <input type="checkbox"/> Learning                  | <input type="checkbox"/> Vision      |
| <input type="checkbox"/> Yes <i>(If yes, please specify)</i> | <input type="checkbox"/> Physical     | <input type="checkbox"/> Mental illness            | <input type="checkbox"/> Medical     |
|  | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other _____ |

Have you successfully completed any of the following qualifications?  Yes  No

If yes, tick any applicable boxes

|   |   |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree       | <input type="checkbox"/> Certificate III or trade certificate |
| <input type="checkbox"/> Advanced 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 | <input type="checkbox"/> Certificates other than the above    |

## Emergency Contact Details

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact number \_\_\_\_\_

## Research and Marketing

How did you find out about WA Skills Training? *(tick one box only)*

|                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Radio     | <input type="checkbox"/> Previous student |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> Word of mouth    |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Employer         |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Other            |

Of the following categories, which BEST describes your main reason for undertaking this course?  
(tick one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> It was a requirement of my job            |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> I wanted extra skills for my job          |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> To access further study                   |
| <input type="checkbox"/> To change career                 | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons                             |

Have you created your USI?

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
|                              | If no, we cannot issue your results.<br>You can create your USI at <a href="http://www.usi.gov.au/">www.usi.gov.au/</a> |

Have you provided your identification?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
|                              | If no, please provide your ID to front office staff for processing |

\*ID is required for HRWLs and Traffic Management courses

## Learner Declaration

I declare that the information on this form is true and correct. I hereby agree to abide by the policies and procedures of WA Skills Training during the training / assessment / course / session listed above.

I authorise WA Skills Training to:

- o collect and release information regarding my enrolment to any Government department providing confidentiality is assured;
- o provide a copy of my results for the training connected to this enrolment to my sponsoring employer;
- o access the USI Webservice to search, create and/or update data related to my USI.

I acknowledge that I have read and understood the terms and conditions as they appear in the student handbook.

Signature

Date

 /  / 

**\*\* From January 2015 every new and existing VET student must have a USI (Unique Student Identifier). The USI is a number a student retains throughout their lifetime.**

A USI is required for new and continuing students undertaking nationally recognised Vocational Education and Training (VET) courses to receive their statement of attainment or qualification. The USI will be available online and at no cost. This USI will stay with you for life and be recorded with any nationally recognised VET course that is undertaken from the 1 January 2015. You can access your USI account online from computers, tablets or your smart phone at anytime.

Acceptable forms of ID to create your USI are as follows;

- Drivers Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) \*please note a Birth Certificate **extract** is not sufficient
- Certificate of Registration by Descent
- Citizenship Certificate
- ImmiCard