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| 1. Courses you will be enrolled in |

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Unit of Competency** | **RTO Responsible** |
| * **White Card** | CPCCWHS1001 | Civil Training Australia, RTO # 45608 |
| * **Traffic Control** | RIIWHS205E & RIIWHS302E | Civil Training Australia, RTO # 45608 |
| * **Licence to operate a forklift truck** | TLILIC0003 | Civil Training Australia, RTO # 45608 |
| * **Licence to operate an order picking forklift truck** | TLILIC0004 | Civil Training Australia, RTO # 45608 |
| * **RF Scanning** | N/A | Civil Training Australia, RTO # 45608 |

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| 1. Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Gender | Male  Female  Intersex |
|  |  |  |  |
| Given Name(s) |  | Date of Birth | **DD/****MM/****YYYY** |
|  |  |  |  |
| Mobile |  | Personal Email |  |
|  |  |  |  |
| Home Phone |  | Work Phone |  |
|  |  |  |  |
| Alternative Email |  | Emergency Contact Name |  |
|  |  |  |  |
| Emergency Contact Number |  | Emergency Contact Relationship |  |

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| 1. Usual residence (i.e. where do you usually live?) |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street |  | | | | | | | | |
|  |  |  | |  | |  | | |  | |
| Suburb |  | | State | |  | | Postcode |  | |

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| 1. Postal address (If different from residential address) |

|  |  |
| --- | --- |
| Details |  |

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| 1. In which country were you born? |

|  |  |  |
| --- | --- | --- |
| Australia | Other country - please specify: |  |

|  |
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| 1. Do you speak another language apart from English at home? |

|  |  |  |
| --- | --- | --- |
| No, English only | Yes, other - please specify: |  |

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| 1. Are you of Aboriginal or Torres Strait Islander origin? |

|  |  |  |
| --- | --- | --- |
| No | Yes, Aboriginal | Yes, Torres Strait Islander |

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| 1. Do you consider yourself to have a disability, impairment or long-term medical condition? |

|  |  |  |  |
| --- | --- | --- | --- |
| No (please go to the next question) | | Yes (please specify below – tick more than one if necessary) | |
|  | |  | |
| Acquired brain impairment | Learning | | Physical | |
| Hearing/Deaf | Medical condition | | Vision | |
| Intellectual | Mental Illness | | Other | |

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| 1. What is your main reason for undertaking this course? |

|  |  |
| --- | --- |
| To get a job | To develop my existing business |
| To start my own business | To try for a 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 or self-development | Other reasons |

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| --- |
| 1. Which of the following categories BEST describes your current employment status? |

|  |  |
| --- | --- |
|  |  |
| Full-time employee | Part-time employee |
| Self-employed - not employing others | Self-employed - employing others |
| Employed - unpaid worker in a family business | Unemployed - seeking full-time work |
| Unemployed - seeking part-time work | Not employed - not seeking employment |

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| 1. Secondary school details | |

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| --- | --- | --- |
| Are you still at secondary school? | Yes | No |

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| --- |
| 1. What is your highest COMPLETED school level, either in Australia or overseas? |

|  |  |  |
| --- | --- | --- |
| Never attended school | Completed Year 9 or Equivalent | Completed Year 11 |
| Completed year 8 or below | Completed year 10 | Completed Year 12 |

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| 1. Do you have a Unique Student Identifier (USI)? |

We cannot issue you with a certificate or statement of attainment if you do not have a Unique Student Identifier (USI).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you have a USI, please specify it here; |  |  |  |  |  |  |  |  |  |  |

Otherwise, please complete the separate form authorising us to apply for or look for it on your behalf.

|  |
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| 1. Have you successfully COMPLETED any of the following qualifications, either in Australia or overseas? |

No, none – please go to the next question

If YES, please tick the applicable box against ANY qualification level you have, where;

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Certificate I |  | Diploma (or Associate Diploma) |
|  | Certificate II |  | Advanced Diploma or Associate Degree |
|  | Certificate III (or Trade Certificate) |  | Bachelor Degree or Higher Degree |
|  | Certificate IV (or Advanced Certificate/Technician) |  | Certificate other than the above |

Name of qualifications/trade:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Year completed: |  |
|  |  |  |  |
|  |  | Year completed: |  |

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| 16.Do you want to apply for additional training support? |

**Additional Training Support** may be required because of any disability you might have, or because you might not be a native English speaker. Your trainer will normally carry out a Language Literacy and Numeracy assessment with you, but please indicate if you think that you might require additional support.

|  |  |
| --- | --- |
| No | Yes |

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| 1. Privacy statement & student declaration |

• ***Collection of your data*** The RTOs involved in this program are required to provide the National Centre for Vocational Education Research (NCVER) with student and training activity data as a regulatory reporting requirement. This includes personal information collected in the this enrolment form and unique identifiers such as the Commonwealth’s Unique Student Identifier (USI). Data is provided to NCVER in accordance with the AVETMISS standards, available at: https://www.ncver.edu.au.

• ***Use of your data*** The information contained on this enrolment form may be used by the RTO or the following third parties for administrative, regulatory and/or research purposes:

* + School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
  + Employer – if I am enrolled in training paid by my employer.
  + Government departments and authorised agencies.
  + NCVER.
  + Organisations conducting student surveys.
  + Researchers

• ***Legal and Regulatory*** NCVER is authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

• ***Survey participation*** You may be contacted to participate in a survey conducted by NCVER or a NCVER-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Australia. Please note you may opt out of the survey at the time of being contacted.

• ***Consequences of not providing your information*** Failure to provide your personal information may mean that it is not possible for you to enrol in this training program`.

• ***Access, correction and complaints*** You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact the relevant RTO Manager.

* ***Further information*** For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>

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| 1. Required Proof of Identity & Dress Code |

**It is critical that you bring with you on each day of the program your Drivers Licence (probationary or Learners Permit).**

**Ensure you wear closed shoes or boots, and wear clothing suitable for being outdoors for long periods of time (hats, long sleeves, etc)**

I declare that the information provided in this application to the best of my knowledge is true and correct. I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer and/or cancellation of enrolment at the RTO’s discretion. I understand that it is my responsibility to provide all relevant and required documentation. I authorise the RTO involved to check all available records to confirm that information provided is correct.

**Student Signature:** …………………………………………………………… **Date: …………………..**

*Please note we cannot proceed with enrolment without a signature*