



**ENROLMENT FORM**

**TITLE:** Mr Mrs Ms Miss

**FULL NAME** \_\_\_\_\_ **PREFERRED NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_\_\_ **GENDER:** Male / Female

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**POSTAL ADDRESS** (If different from above): \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**PHONE (H):** \_\_\_\_\_ **PHONE (W):** \_\_\_\_\_ **PHONE (M):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMPLOYMENT**

**EMPLOYER/COMPANY FULL NAME:** \_\_\_\_\_

**JOB TITLE/POSITION:** \_\_\_\_\_

**DATE COMMENCED EMPLOYMENT:** \_\_\_/\_\_\_/\_\_\_\_\_

**EMPLOYMENT STATUS:**

- Full Time                       Part Time                       Casual

**QUALIFICATION YOU ARE ENROLLING IN WITH CHOICE TRAINING SOLUTIONS:**

**Qual name:** \_\_\_\_\_

**SCHOOLING**

**ARE YOU STILL ATTENDING SECONDARY SCHOOL:** No / Yes

**WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL:**

- Year 8 or below  
 Year 9  
 Year 10  
 Year 11  
 Year 12

**IN WHAT YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?** (Eg, if you finished school when you were 15, add 15 to the year you were born, 15 + 1968 = 1983): \_\_\_\_\_

**CITIZEN RESIDENCY STATUS**

- Australian Citizen  
 Australian Resident  
 Visa/Temporary Permit                      Visa Name/Code: \_\_\_\_\_

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

**PRIOR EDUCATION**

**ARE YOU CURRENTLY STUDYING:** No / Yes

If yes, which course are you studying: \_\_\_\_\_

**HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS:** No / Yes

If yes, please specify:

- Certificate I
- Certificate II
- Certificate III
- Certificate IV
- Bachelor Degree or Higher
- Diploma
- Advanced Diploma or Associate Degree
- Certificates, Other

Qualification Name: \_\_\_\_\_

Year of completion: \_\_\_\_\_

Copy Attached: No / Yes

**LANGUAGE**

**DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH:** No / Yes

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

**HOW WELL DO YOU SPEAK ENGLISH:**

- Very Well
- Well
- Not Well
- Not At All

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION:** No / Yes

If yes, please specify area/s (please circle):

Vision / Hearing / Physical / Intellectual / Mental illness / Learning / Medical condition

Other: \_\_\_\_\_

\*Please indicate any special needs/assistance you may require in relation to your disability

(Eg, Literacy assistance): \_\_\_\_\_

**ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN:**

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

**PLEASE TICK WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP:**

- To develop my existing business
- To start my own business
- To get a better job 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, please specify:

**Are you eligible for Concessions?**  Yes  No Concession Card Type: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Concession Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

## LANGUAGE, LITERACY AND NUMERACY QUESTIONNAIRE

### QUESTION 1

In your own words, please describe "why have you chosen to undertake this course"

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### QUESTION 2

List two (2) examples of Occupational Health & Safety policy or procedures in your workplace?

1. \_\_\_\_\_
2. \_\_\_\_\_

### QUESTION 3

You are driving a vehicle and are travelling at 100kph. You pass a sign that states you are 50km from your destination. If you continue to travel at your current speed, how long will it take you to arrive?

- A. 25 MINUTES                                      B. 30 MINUTES                                      C. 35 MINTUTES

### QUESTION 4

Four (4) transport company managers are invited by a chairperson to attend a state conference, and have been asked to bring an employee with them. All four managers attend, but only three bring employees. How many people attend this conference (including the chairperson)?

- A. 9    B. 8    C. 7

SCORE: \_\_\_ / 4      **ASSISTED / UNASSISTED**

COMMENTS:

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**TRAINEES NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_\_\_

**TRAINERS NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

## **PRIVACY STATEMENT**

- I agree that Choice Training Solutions Pty Ltd may collect information about me through this form, for the purposes of enrolling me in my specified course/modules and managing my participation in that program
- I understand that Choice Training Solutions collects this information for the purpose of processing my payment for a course/module, and providing data to Skills Victoria
- I acknowledge that if I do not provide this information, Choice Training Solutions may not be able to register me in my selected course/module. I also acknowledge that I have a right to access personal information which Choice Training Solutions hold about me, subject to exceptions in relevant privacy legislation. I understand that I can obtain further information about Choice Training Solutions in the Student Handbook.

## **STUDENT DECLARATION**

- I confirm that the information contained within this form is correct and I have been provided by Choice Training Solutions, all the information regarding the course/modules that I am registered in
- I understand and have been provided information by Choice Training Solutions in relation to Credit Transfer, Recognition of Prior Learning (RPL)
- I agree to act in accordance with Choice Training Solutions regulations, statutes and disciplinary procedures
- I have read and understand the privacy statement above
- I understand it is my responsibility to read and understand the contents of the student handbook

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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OFFICE USE ONLY

### **Funding:**

#### **Securing Jobs for the Future (Via Skills for Growth Referral)**

- PSG** – Government funded enrolment (not Apprentice/Trainee) for which the student appears eligible for public funding under the Training Guarantee
- LSG** – Government Funded Apprentice/Trainee enrolment for which the student appears eligible for public funding under the Training Guarantee
- SSG** – Fee for Service enrolment for which the student appears to be ineligible or does not wish to claim public funding under the Training Guarantee

Skills Deepening

#### **2010 ATTP (Apprenticeship Traineeship Training Program)**

- NEW worker eligible trainee**
- NEW worker non-eligible trainee**
- 2010 PETP (Priority Education Training Program)
- Existing worker only
- Fee For Service
- Unfunded
- Better Skills for Better Care (Health only)

**ENROLMENT AMOUNT:**  Full Fee paying \$120.00  Concessional \$57.

**CTS BDM Name:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_