

Course Enrolment Form

A separate form is to be completed for each participant.

You may print this form and complete the required details in full, using a blue or black pen.

Alternatively, you may complete the form electronically and then print a copy.

Enrolment information is collected to comply with RTO obligations in accordance with the National VET Data Policy

Course Details				3rd Party Arrangement: No		Yes	
Course / UOC Name:							
Course / Assessment Dates:							
Company Details							
Company Name:							
ABN:							
Contact Person:							
Contact Phone:							
Contact Email:							
Company Postal Address:							
Suburb:				State:		Post Code:	
Personal Details - as per USI							
First Given Name:							
Middle Name:							
Surname:							
Unique Student Identifier:							
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth: ____ / ____ / ____					
Contact Phone:							
Email:							
Usual Address:							
Suburb:				State:		Post Code:	
Country:		Australia		Other:			
Post Address: (if different to usual address)							
Emergency Contact:							
Contact Person:							
Relationship:							
Contact Phone:							

Enrolment Form continued on next page

Return completed Forms to Capability Resources admin@capres.com.au

Standard Enrolment Questions

The following questions are provided for Capability Resources to collect, analyse, and act on relevant data for continuous improvement of training and assessment activities and to comply with regulatory reporting requirements.

<p>Will you be applying for Recognition of Prior Learning (RPL), National Recognition or Credit Transfer? <input type="checkbox"/> No <input type="checkbox"/> Yes, please refer to Student Information Handout for process.</p> <p>Do you have this Qualification or Statement of Attainment? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, please list:</p> <p>What is your citizenship status? <input type="checkbox"/> Australia Citizen <input type="checkbox"/> Overseas Resident <input type="checkbox"/> Eligible Resident <input type="checkbox"/> Other, please list:</p> <p>Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other please list:</p> <p>How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p> <p>Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p> <p>Do you consider yourself to have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:</p> <p>Do you need any educational or support to complete this course? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list.....</p> <p>Do you have any dietary requirements or food allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:</p> <p>I need to complete a LLN Assessment to determine support needs required? <input type="checkbox"/> No <input type="checkbox"/> Yes, please contact Capability Resources</p>	<p>SCHOOLING: What is your highest COMPLETED school level? (Tick ONE box only) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school</p> <p>Are you still enrolled in secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No, which year did you complete school?</p> <p>Have you SUCCESSFULLY completed any QUALIFICATIONS? <input type="checkbox"/> No <input type="checkbox"/> Yes, please identify below: <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above</p> <p>EMPLOYMENT: Select one of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment</p> <p>STUDY REASON: Select one 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"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get skills for community/volunteer work Other reasons</p>
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STUDENT DECLARATION – By signing the course enrolment form you acknowledge that you have received sufficient information to determine this course / assessment is suitable for your needs and acknowledge the items listed below.

The information has been completed by me personally and the information I have given is true and correct.
 I have read and agree to the conditions of the Fee Information (Course Fees, Cancellations & Refunds) available in the Student Information Handout.
 I have read and understand the Complaints and Appeals available in the Student Information Handout.
 I confirm the above enrolment for myself/my company for training / assessment conducted by Capability Resources and/or approved 3rd Party.
 I understand that certificates will only be issued on competent completion, receipt of payment and verification of my Unique Student Identifier.
 I understand that on occasions filming or photos may be taken of training activities and I hereby consent to Capability Resources taking and using photographic material for media and publicity purposes.
 I understand that on request from my employer or from a site or potential site that I am working, I consent to the release of a pdf copy of my certificate.
 I have received and read Capability Resources *Privacy Notice - National VET Data Policy*.

STUDENT PHOTO IDENTIFICATION:		ID TYPE:	ID Number:
Student Name:	Date:	Signature:	

Student Information Handout also available from the Capability Resources website www.capres.com.au