

STUDENT ENROLMENT FORM (Online)

Students are to complete the following 'student enrolment form' and return Australian Academy of Trades Pty Ltd. No Enrolment will be processed unless this form is received by the Institute.

Course Code		Course Title	
USI:			
Personal Details			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
	<input type="checkbox"/> Ms	Date of Birth __/__/__	
Surname			Given Name (s)
Residential Street Address			
Address			
Suburb	State	Post Code	
Postal Address same as Residential Address: (If No, please fill the section below)			
Address			
Suburb	State	Post Code	
Contact Details			
Home Phone			Mobile
Email			
Emergency Contact Details			
Name			
Relationship	<input type="checkbox"/> Friend	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent
	<input type="checkbox"/> Spouse/Partner		
Home Phone	Mobile	Work Phone	
Language and Cultural Diversity			
Are you of Aboriginal/Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal/Torres Strait Islander origin <input type="checkbox"/> Not stated		
In which country you were born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please specify) _____		
Do you speak a language other than English at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify) _____		
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		
Education Details			
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest COMPLETED school level?	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
What year did you complete school?			
Previous Qualifications			
Have you successfully COMPLETED any of the following equalisations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tick the applicable box(s)	<input type="checkbox"/> Bachelor degree of 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		

Employment Details	
Which best describe your current employment status?	<input type="checkbox"/> Full Time employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Employer <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed seeking for work
Employer / Company (Full Name)	
Job Title / Position	
Date of Commencement	
Disabilities	
Do you consider yourself to have disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes (please specify)	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning
	Will this impact on your study? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please specify _____
Reason For Taking This Course	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To develop my exiting skills <input type="checkbox"/> To try for a different career <input type="checkbox"/> To start my own business <input type="checkbox"/> Self-development <input type="checkbox"/> Job requirement <input type="checkbox"/> Pre-requisite for another course <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Others _____	
Australian Citizenship Status	
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> International Student	

STUDENT DECLARATION:

In signing the Australian Academy of Trades Pty. Ltd. Enrolment Form:

- I declare that the information contained in this application is to the best of my knowledge true, correct and complete at the time of my Application.
- I acknowledge that providing 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, Particularly as it relates to my eligibility to obtain an offer for government subsidised training, and /or cancellation of enrolment at the discretion of Australian Academy of Trades Pty. Ltd..
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize Australian Academy of Trades Pty. Ltd. to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Certificate III Guarantee program..
- I am aware of the conditions that relate to my admissions and agree to pay all fees for which I am liable.
- I can view the full, current policies and procedures online at www.lifetime.qld.edu.au and I can contact Australian Academy of Trades Pty. Ltd. to request a paper copy to be sent to me.
- I confirm that I have read and understood the terms and conditions of enrolment and agree to be bound by them.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ____/____/____

PRIVACY STATEMENT:

I understand that:

Australian Academy of Trades is required to provide the Government, through the Department of Training, with student and training activity data which may include information I provide in this enrolment form. The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

USE AND DISCLOSURE.

Australian Academy of Trades may engage third party service providers to perform audits, assessments, training delivery consultation, and the provision of statistical data information to industry training bodies, therefore disclosures of information may be necessary. All personal information we provide to them is kept secure, is only used to perform the task for which we have engaged them and is handled in accordance with the National Privacy Principles.

Information will only be used or disclosed for the purpose for which it was collected (the primary purpose) or for a secondary purpose that an individual would reasonable expect.

Information can also be disclosed if required or authorised under law.

For more information in relation to how student information may be used or disclosed please contact Australian Academy of Trades Pty Ltd. on 07 38470600 or on info@aataus.com.au.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ___/___/___

OFFICE USE ONLY

Documents Sighted:

Drivers Licence/Key Pass/ Passport

Yes

No

STAFF SIGNATURE: _____

LLN Test Completed?

Yes

No

STAFF SIGNATURE: _____