



Fill in all sections clearly and carefully by writing in BLOCK LETTERS. Information requested on this form is for the NCVER national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

1. PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____ Given Name/s: _____

Residential Address: _____ Suburb: _____ P/Code: _____

Postal Address: _____

Phone/s: Home: _____ Work: _____ Mobile: _____

E-Mail Address: _____

Date of Birth: _____ Gender: _____

Emergency/Next of Kin Contact Details: Name: _____ Phone: _____

2. COURSE DETAILS

Name of Course/Qualification: _____

Date of Enrolment: _____ Have you started this course previously? YES NO With which RTO? _____

Who is your Apprenticeship Network Provider? _____

Do you have a Unique Student Identifier (USI)? YES _____ NO

Do you authorise Industrylink to apply for/verify the USI on your behalf? YES NO I will apply myself **SEE ATTACHMENT

** Please note, we are unable to complete your registration for the course until you provide us with a USI. Refer to USI Fact Sheet for further information**

3. CURRENT EMPLOYMENT DETAILS

Business Name: _____ Start Date: _____ Part Time / Full Time (pls circle)

4. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin? NO YES Aboriginal YES Torres Strait Islander

Were you born in Australia? YES NO If not, please specify: _____

Are you an Australian citizen? YES NO If not, please specify: _____

Do you speak a language other than English at home? YES NO If yes, please specify: _____

How well do you speak English? VERY WELL WELL NOT WELL NOT AT ALL

5. DISABILITY

Do you consider that you have a disability, impairment or long term condition? NO YES If yes, please tick ALL below:

Vision Hearing/Deaf Physical Medical Condition Intellectual Learning
Mental Illness Acquired Brain Impairment Other Please specify: _____

6. EDUCATION

What is your highest completed school level? In which year did you complete that level? _____

Completed year 12 Completed year 11 Completed Year 10
Completed year 9 or equivalent Completed year 8 or lower Did not go to school

Are you still at secondary school? YES NO

Please tick any of the below qualifications which you have successfully completed:

<input type="checkbox"/>	Bachelor Degree of Higher	<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

7. EMPLOYMENT STATUS

Of the following categories, please tick which best describes your current employment status (tick ONE box only)

<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 family business	<input type="checkbox"/>	Not employed: not seeking work
<input type="checkbox"/>	Unemployed: seeking full-time work	<input type="checkbox"/>	Unemployed: seeking part-time work		

8. STUDY REASON

Of the following categories, which best describes your main reason for undertaking this training? (tick ONE box only)

<input type="checkbox"/>	To get a job	<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	To get a better job or promotion
<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>	For personal interest or self development	<input type="checkbox"/>	To develop my existing business
<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>	To get into another course of study

9. DECLARATION

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Industrylink Training. I also consent to any photos or video taken of me whilst in training to be used by Industrylink in any appropriate marketing of their school and its facilities.

I understand that Industrylink Training is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Signed: _____ Date: _____