

Is this the first time you have enrolled at this organisation? YES NO
If YES, then state year study is to commence, i.e. 2014 _____
If NO, state student ID _____
Training contract number (Where applicable for Traineeships) _____
Unique Student Identifier _____

TITLE: (Please tick ONE box only) MR MISS MRS MS OTHER _____
GENDER: (Please tick ONE box only): MALE FEMALE
FAMILY NAME: Surname: _____
Given Names: _____
DATE OF BIRTH: (dd/mm/yyyy) _____ / _____ / _____

ADDRESS OF USUAL RESIDENCE: Number and Street: _____
Suburb: _____ State/Territory: _____ Postcode: _____
POSTAL ADDRESS: Number and Street: _____
PO Box **OR** Roadside Delivery Box: _____
Suburb: _____ State/Territory: _____ Postcode: _____
Phone Hm: _____ Wk: _____ Mob: _____
E-mail: _____ Fax: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____
Suburb: _____ State/Territory: _____ Postcode: _____
Phone: _____

EMPLOYER

Company Name: _____
Address: _____
Suburb: _____ State/Territory: _____ Postcode: _____
Phone: _____
Are you enrolling in a formal course? YES NO
If YES, then state course title _____ **CODE:** _____
If NO, then you are enrolling in module/unit of competency only activity **CODE:** _____
I will be studying (tick ONE box only) FULL_TIME PART_TIME
EXTERNAL

Name of Qualification _____

1. In which country were you born?

Australia	
Other – Please Specify	

2. Do you have permanent residency in Australia?

Yes	
No	

3. Are you of Aboriginal or Torres Strait Islander origin?

No	
Yes, Aboriginal	
Yes, Torres Strait Islander	
Yes, Both Aboriginal And T S I	

4. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English Only	Go to Question 6
Yes, Other– Please Specify	

5. How well do you speak English?

Very Well	
Well	
Not Well	
Not At All	

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

Yes	
No	Go to Question 8

7. If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

Hearing/Deaf	
Physical	
Intellectual	
Learning	
Mental illness	
Acquired Brain Impairment	
Vision	
Medical Condition	
Other	

8. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent	
Year 11 Or Equivalent	
Year 10 Or Equivalent	
Year 9 Or Equivalent	
Year 8 Or Below	
Never Attended School	Go to Question 9

9. In which YEAR did you complete that school level?

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10. Are you still attending secondary school?

YES	
NO	

11. Have you attempted or completed any of the following qualifications? Tick Yes or No to ANY applicable boxes.

Level of Qualification	Attempted	Completed
Bachelor Degree Or Higher Degree		
Advanced Diploma Or Associate Degree		
Diploma (Or Associate Diploma)		
Certificate IV (Or Advanced Certificate/Technician)		
Certificate III (Or Trade Certificate)		
Certificate II		
Certificate I		
Certificates Other Than Above		

12. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

Full-Time Employee	
Part-Time Employee	
Self-Employed – Not Employing Others	
Employer	
Employed – Unpaid Worker In a Family Business	
Unemployed – Seeking Full-Time Work	
Unemployed – Seeking Part-Time Work	
Not Employed – Not Seeking Employment	

13. Your major reason for study? (Tick ONE box only.)

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, Self-Development or Other Reason	

Recognition of Prior Learning

Are you seeking Recognition of Prior Learning?

Yes No

Notes

I have read and accepted the terms and conditions of the fees and refund policy as described in the Pre-enrolment Information.

I give permission for Fix Australia to review and report my training progress with representatives from the Department of Education and Training, Department of Industry and my employer (if applicable). I understand that I can authorise others to receive this information only by completing a Participant Records Access Form.

The information provided by you may be used by or on behalf of the State or Commonwealth Governments for statistical purposes, conducting surveys, enrolment, educational or strategic planning purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

SIGNATURE: _____ **DATE:** ____ / ____ / _____