

Student Data/Enrolment Form 2008

As a Government funded organisation we are required to ask students for information. Please complete details on this form.

How did you hear about this course/program? *(Optional)*

- Newspaper
 Radio
 Word of mouth
 Program/flyer
 Other.....

Course Name:

Course Code:

Name		Residential address	
Contact phone number		Postal address (if different from above)	
Email address			
Postcode	Date of birth (dd/mm/yy)	Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Concession Type

Employment

Please tick the best description of your current employment status

- | | |
|--|---|
| <input type="checkbox"/> 01 Full-time employee | <input type="checkbox"/> 05 Employed - unpaid worker in a family business |
| <input type="checkbox"/> 02 Part-time Employee | <input type="checkbox"/> 06 Unemployed - seeking full-time work |
| <input type="checkbox"/> 03 Self employed - not employing others | <input type="checkbox"/> 07 Unemployed - seeking part-time work |
| <input type="checkbox"/> 04 Employer | <input type="checkbox"/> 08 Not employed - not seeking employment |

In which country were you born?
What is the language spoken at home (indicate if not English)
How well do you speak English? Please tick the best description
<input type="checkbox"/> 01 Very well <input type="checkbox"/> 03 Not well <input type="checkbox"/> 02 Well <input type="checkbox"/> 04 Not at all

Schooling

Please tick the description of your highest completed schooling level

- | | | |
|--|--|---|
| <input type="checkbox"/> 02 Did not go to school | <input type="checkbox"/> 09 Completed year 9 or equivalent | <input type="checkbox"/> 11 Completed year 11 |
| <input type="checkbox"/> 08 Year 8 or below | <input type="checkbox"/> 10 Completed year 10 | <input type="checkbox"/> 12 Completed year 12 |

and indicate in which year you completed that level: _____

Are you still at secondary school? Yes No

Prior Educational Achievements

Since leaving school, have you successfully completed any of these qualifications? Yes No

Please tick which qualification/s you have completed

- | | |
|---|---|
| <input type="checkbox"/> 008 Bachelor Degree or Higher Degree | <input type="checkbox"/> 514 Certificate III or Trade Certificate |
| <input type="checkbox"/> 410 Advanced Diploma or Associate Degree | <input type="checkbox"/> 521 Certificate II |
| <input type="checkbox"/> 420 Diploma or Associate Diploma | <input type="checkbox"/> 524 Certificate I |
| <input type="checkbox"/> 511 Certificate IV (or Advanced Certificate) | <input type="checkbox"/> 990 Certificates other than above |

Are you of Aboriginal or Torres Strait Islander origin? (please tick appropriate answer)
<input type="checkbox"/> 01 Aboriginal <input type="checkbox"/> 02 Torres Strait Islander <input type="checkbox"/> 03 Both <input type="checkbox"/> 04 Neither

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please indicate the areas of disability, impairment or long-term condition? - you may tick more than one

- | | | |
|--|---|---|
| <input type="checkbox"/> 11 Hearing/Deaf | <input type="checkbox"/> 14 Learning | <input type="checkbox"/> 17 Vision |
| <input type="checkbox"/> 12 Physical | <input type="checkbox"/> 15 Mental Illness | <input type="checkbox"/> 18 Medical condition |
| <input type="checkbox"/> 13 Intellectual | <input type="checkbox"/> 16 Acquired Brain Impairment | <input type="checkbox"/> 19 Other |
| | | <input type="checkbox"/> 99 Unspecified |

Reason for Study

Which of the following categories best describes your reasons for undertaking this course/program?

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 To get a job | <input type="checkbox"/> 05 To get a better job or promotion | <input type="checkbox"/> 11 Other reasons |
| <input type="checkbox"/> 02 To develop my existing business | <input type="checkbox"/> 06 It was a requirement of my job | |
| <input type="checkbox"/> 03 To start my own business | <input type="checkbox"/> 07 I wanted extra skills for my job | <input type="checkbox"/> 12 Personal interest/
self-development |
| <input type="checkbox"/> 04 To try for a different career | <input type="checkbox"/> 08 To get into another course or study | |

Signature: _____

Date: _____