



COURSE ENROLMENT FORM

COURSE DETAILS – To be completed by the Trainer

Course No: _____ Training Provider _____

Course Name _____ Location _____

Have course fees been charged ? YES / NO If no, was proof of exemption sighted ? YES / NO

Course Start Date _____ Course End Date _____

STUDENT DETAILS – To be completed by the participant (all sections must be completed

1. COURSE/S TO BE UNDERTAKEN _____

<p>2. NAME and DATE OF BIRTH</p> <p>Family Name _____</p> <p>Given Name _____</p> <p>Date of Birth _____</p>	<p>3. ADDRESS AND TELEPHONE NO.</p> <p>Number / Street _____</p> <p>Suburb / Town _____</p> <p>State _____ Postcode _____</p> <p>Phone: Home _____ Work _____</p>
<p>4. SEX (tick one box)</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	<p>5. ABORIGINALITY</p> <p>Are you of Aboriginal or Torres Strait Islander Origin ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6. DISABILITY</p> <p>Do you consider yourself to have a permanent and significant disability ? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you require special assistance because of the disability ? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>7. ETHNICITY</p> <p>Were you born in Australia ? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If NO, in which country were you born ?</p> <p>.....</p>

8. CITIZENSHIP

Student Declaration: I am (tick one box) an Australian citizen a New Zealand citizen

an Australian permanent resident a temporary resident

none of the above . Please specify

<p>9. LANGUAGE Do you speak a language OTHER than English at home ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please specify the language spoken. Do you have any non-English language requirements to attend the course ? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>10. SCHOOLING What is your highest COMPLETED school level ? (tick one box) Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower <input type="checkbox"/> In which YEAR did you complete that school level ? Are you still attending secondary school ? (tick one box) YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>11. PRIOR ACHIEVEMENTS Since leaving school, have you COMPLETED any tertiary qualification ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, then tick ANY applicable boxes; <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Advanced / Technician Certificate <input type="checkbox"/> Certificate other than above Specify <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Undergraduate Diploma <input type="checkbox"/> Degree or Postgraduate Diploma</p>	<p>12. EMPLOYMENT Which best describes your current employment status ? ENTER ONE LETTER FROM THE LIST [] (A) Full time employee (B) Part time employee (C) Self-employed – Not employing others (D) Employer (E) Employed – Unpaid family worker (F) Unemployed – Seeking full time work (G) Unemployed – Seeking part time work (H) Not employed – Not seeking employment</p>

NOTE: The information requested in this form will be used for internal research, statistical and management purposes ONLY. In supplying the requested information the participant is deemed to have given consent to the use of the information for those purposes. No supplied information will be passed on to any other organization or institution.

12. MORE INFORMATION

The Zokal Safety Training Student Handbook is available to download from the Zokal website **www.zokal.com**. The handbook advises of the student rights, responsibilities and conditions.

Participants Signature

Date