

Candidate Application Form					
Personal Details					
USI Number					
Surname			Given Name		
Home Address					
Suburb			State & Postcode		
Date of Birth	DD / MM / YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Telephone			Email		
Language and Cultural Diversity					
Country of Birth			Citizenship		
Are you of Australian Aboriginal or Torres Strait Islander origin? (For person of both, mark both boxes)	<input type="checkbox"/> Yes	Aboriginal	<input type="checkbox"/>		
	<input type="checkbox"/> No	Torres Strait Islander	<input type="checkbox"/>		
How well do you speak English?	<input type="checkbox"/> Fluent		<input type="checkbox"/> Not very well		
	<input type="checkbox"/> Well		<input type="checkbox"/> Not at all		
Disability					
Do you consider yourself to have a disability, impairment or long-term condition?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then please indicate the areas of disability, impairment or long-term condition.					
Hearing/Deaf	<input type="checkbox"/>	Acquires Brain Impairment	<input type="checkbox"/>		
Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>		
Intellectual	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>		
Learning	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Mental Illness	<input type="checkbox"/>				
Education	Previous Qualifications		Employment		
What is your highest COMPLETED school level? (Tick ONE box only)		Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick ANY applicable boxes		Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	
Year 12 or equivalent	<input type="checkbox"/>	Bachelor Degree or Higher	<input type="checkbox"/>	Full-time employee	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	Self-employed (not employing others)	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Year 8 or equivalent	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	Employed in Family business	<input type="checkbox"/>
Never attended School	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Unemployed, seeking full-time work	<input type="checkbox"/>



In which YEAR did you complete that school level?		Certificate I	<input type="checkbox"/>	Unemployed, seeking part-time work	<input type="checkbox"/>
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificates other than the above	<input type="checkbox"/>	Unemployed, not seeking work	<input type="checkbox"/>

Personal History

Why are you undertaking this course/ program?			
To get a job	<input type="checkbox"/>	Requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	Want extra skills for my job	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To get onto another course of study	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>
Do you wish to apply for Recognition of Prior Learning?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Disclaimer

Students/Client are requested to declare at your time of enrolment anything that might prevent you from satisfactorily progressing through the training and assessment program e.g. anything related to physical ability, cultural background or educational background. The RTO or Company will not accept liability for any issue not declared at enrolment that has potential to prevent satisfactory progress.

I acknowledge that no refunds are permitted once the RPL or Consultation progress is started

YES NO

Declaration

I declare that the information contained in this application is true and correct and that all documents are genuine.

Course Applying			
Referred By (if any)			
Candidate Name			
Candidate Signature		Date	DD / MM / YYYY