

Participant Enrolment Form



Personal Details

Surname: _____ Mr / Mrs / Ms / Miss

Given Names: _____ Sex: Male Female

Please print your name as you would like it to appear on your Certificate or Statement of Attainment

Street Address: _____ Postcode: _____
This should be your normal place of residence

Postal Address: _____ Postcode: _____

Work Phone Number: _____
Home Phone Number: _____
Mobile Phone Number: _____
Email Address: _____

Date of Birth: _____ Country of Birth: _____

Are you of aboriginal or Torres Strait Islander decent?: No Yes

Do you speak a language other than English at home? No Yes

If answered yes to speaking a language other than English, how well do you speak English?
Excellent.....Well.....Not Well.....Not At All

Do any of the following disabilities or difficulties apply to you. No Yes
There may be additional support available to you if so, to assist on your development and training. *(this information will remain completely confidential)*

- | | | | | | |
|------------------|--------------------------|-----------------------|--------------------------|-------------|--------------------------|
| Language/speech | <input type="checkbox"/> | Physical | <input type="checkbox"/> | Visual | <input type="checkbox"/> |
| Literacy | <input type="checkbox"/> | Intellectual | <input type="checkbox"/> | Learning | <input type="checkbox"/> |
| Numeracy | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Hearing/deafness | <input type="checkbox"/> | Acquired Brain Injury | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Further details: _____

Contact in case of emergency: Name: _____
Home Phone Number: _____
Work Phone Number: _____
Mobile Phone Number: _____

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Employment Details

Legal name of business: _____

Trading Name of Business: _____

Business Address: _____ Post Code: _____

Business Phone Number: _____ Business Fax Number: _____

Email Address: _____

Website Address: _____

Name of business owner or senior manager: _____

Name of direct supervisor: _____

Principal Activity of Business: _____

Total number of employees in business: _____

Date commenced work: ____ / ____ / ____ Period employed: ____ Yrs ____ Mnths

Current employment status

Full Time Part Time Self Employed Casual Unemployed

Employer * Unpaid Worker * If Unemployed, are you looking for work? Yes No

* Explain _____

Education & Training

Highest Level Completed at School: _____ (eg: grade 10)

Year completed highest level at school: _____ (eg: 1981)

Where completed: _____ (school/college etc)

If you did not attend school at all, please indicate with an N/A in each of the above sections

Are you still attending secondary school? Yes No

Are you still attending a post compulsory education facility (ie: University, College etc)? Yes No

Have you successfully completed any of the following qualifications? (please tick if yes):

Bachelor or higher degree	<input type="checkbox"/>	Advanced Diploma	<input type="checkbox"/>
Associate Diploma	<input type="checkbox"/>	Diploma	<input type="checkbox"/>
Trade Certificate	<input type="checkbox"/>	Apprenticeship	<input type="checkbox"/>
Certificate IV	<input type="checkbox"/>	Advanced Certificate	<input type="checkbox"/>
Certificate III	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>	Other Certificates	<input type="checkbox"/>

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Qualification

National Code of Qualification enrolling for:

Title of Qualification enrolling for:

Date of commencement: _____ / _____ / _____

Agreement

I have been provided with the following in order to allow me to “take charge of my training”

OPCET flyer Course Outline

Participants Handbook; including...

Training & Assessment Processes

Code of Practice

RCC Application

Complaints & Feedback processes

Department of Education – Personal Information Protection Statement

I understand that the information I have provided in these forms may be provided upon specific request to State and Federal Government agencies and research organisations and I consent to that occurring.

For fee paying courses, I understand that no certificate will be issued until all fees are paid in full.

I declare that all details provided in this form are correct.

Name: _____

Signature: _____ Date: _____ / _____ / _____

Study Reason – why have you undertaken this qualification?

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a job requirement |
| <input type="checkbox"/> Develop existing business | <input type="checkbox"/> To gain extra skills for job |
| <input type="checkbox"/> Start own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> Try a different career | <input type="checkbox"/> For personal interest |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For self development |

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Business / Client Authority

Training & Administration Fees

The client/business agrees to support the participant in undertaking training and assessment activities. The client/business agrees to pay Work Plus Development & Training the following fees at the agreed times in accordance with the **client details and authority** previously agreed to and signed by the client :

Participant Name:	Fee (1) <i>Commence</i>	Fee (2)	Fee (3)	Fee (4)	Fee (5) <i>Complete</i>	Total

Special Notes:

Agreement

On behalf of Work Plus Development & Training

Name:

Title:

Signature: Date: / /

On behalf of the Client (Employer)

Name:

Title:

Signature: Date: / /

Work Plus ADMIN USE ONLY

Client Manager: Trainer Assessor:

Expected funding source: **FFS / UC / Comp Bids / Other**

Participant enrolment form checked: Date: / /

Details entered onto computer database: Date: / /

Participant file set up and form filed: Date: / /