

Student Application Form



Which course do you wish to enroll in?			
<input type="checkbox"/> Certificate III in Early Childhood Education and Care (CHC30113)	<input type="checkbox"/> Diploma of Management (BSB51107)	<input type="checkbox"/> Diploma of Reflexology (HLT51712)	<input type="checkbox"/> Certificate IV in Massage Therapy Practice (HLT40312)
<input type="checkbox"/> Diploma of Early Childhood Education and Care (CHC50113)	<input type="checkbox"/> Certificate IV in Property Services (CPP40307)	<input type="checkbox"/> Provide First Aid (HLTAID003)	<input type="checkbox"/> Provide cardiopulmonary resuscitation (HLTAID001)
<input type="checkbox"/> Certificate IV in Training and Assessment (TAE40110)	<input type="checkbox"/> Certificate IV in Frontline Management (BSB40812)		
Personal and Contact Details			
1. Family name (Surname):			
2. Given names:			
3. Title: Mr/Mrs/Miss/Ms/Dr (please circle)		4. Date of birth (day/month/year): / /	
5. Sex (Tick ONE box only) <input type="checkbox"/> Male <input type="checkbox"/> Female			
6. What are your telephone and email contact details?			
Home phone: ()		Work phone: ()	
Mobile:		Email:	
7. What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
8. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
Employment Details – if applicable/ relevant			
Employer's legal name:			
Your position:		Start date:	/ /
Business address:			Postcode:
Postal address: <i>if different from above</i>			Postcode:
Phone:	()	Fax:	()
Email:			
Supervisor:		Position:	

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General Information	
9. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
10. Do you speak a language other than English at home? <small>If more than one language, indicate the one that is spoken most often.</small>	<input type="checkbox"/> No, English only – go to question 12 <input type="checkbox"/> Yes, other. Please specify: _____
11. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
12. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Disability	
13. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 15
14. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list. <small>(You may indicate more than one area)</small>	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
Schooling	
15. What is your highest COMPLETED school level <small>(Tick one box only)</small>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school – go to question 18
16. In which YEAR did you complete that school level?	
17. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous qualifications achieved	
18. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Question 21
19. If YES, then tick ANY applicable boxes	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above
20. Do you wish to apply for Credit Transfer or Recognition?	<input type="checkbox"/> Yes – Credit Transfer or National Recognition. <small>Certified copies of transcripts from previous qualifications must be provided with this form.</small> <input type="checkbox"/> Yes – Recognition of Prior Learning. <small>An RPL Application Form must also be submitted with this form.</small> <input type="checkbox"/> No



Employment	
21. Of the following categories, which BEST describes your current employment status? (tick ONE box only)	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment
Study reason	
22. Of the following categories, which BEST describes your main reason for undertaking this course?	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
Victorian Student Number	
This section only needs to be completed for students who are up to 24 years old.	
Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.	
Students who are enrolling for the first time since the VSN was introduced will get a new VSN.	
23. Enter your Victorian Student Number (VSN)	_____ If you have entered your VSN you do not need to answer the following questions.
24. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?	
<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <input type="checkbox"/> Yes – I have attended a Victorian school since 2009. <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)	
1.	
2.	
3.	
Next of kin/emergency contact	
25. Who should we contact in the case of an emergency?	
Name:	Relationship to you:
Address:	
Post Code	
Home phone: ()	Work: ()
Mobile: ()	Email:



Privacy Statement

I understand that Training Partners Australia is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this application form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Training Partners Australia to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Training Partners Australia's Privacy Officer on phone 1300 661 099 or email info@trainingpartners.edu.au

Signatures

I acknowledge and agree to the terms described in the privacy statement above and confirm that the information provided on this form is true, correct and accurate.

Student Signature:		Date:	/ /
Printed Name:			

If the student is under 18 years of age, please also have this section completed.

Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /