

SHORT COURSE ENROLMENT FORM

(Non-accredited Training)

VERSION 1.2 2015

ISSUED 11/02/2015

Please use BLOCK LETTERS when filling out this form, and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

1. Personal Details						
Title (Mr, Miss, Ms, Mrs, Other):	Male		□ Female	□ Female		
Surname:				(if Single Nam	e only, enter here)	
First Name:	Name: Middle Name(s):					
Date of Birth: / /	Current Age	e: Town/City of	Birth:			
2. Your Contact Details						
Home Phone:		Mobile Phone:				
Email Address:		Work Phone:	Work Phone:			
Preferred Contact Method: 🛛 via	a Mobile Phone] via Email	🗆 via Post (a	ddress below) (p	lease tick one)	
8. Your Emergency Contact						
Name:		Relationship:				
Home Phone:	:	Work Pl	hone:			
4. Your Address Details						
RESIDENTIAL ADDRESS (Not a PO Bo	x)					
Street Address:						
City/Town:		State:		Postcode:		
POSTAL ADDRESS 🛛 (please tick if	same as usual Residential	Address)				
Address:						
City/Town:		State:		Postcode:		
5. Language and Cultural Div	ersity					
Are you of Aboriginal/Torres Strait	Islander origin?	□ No		Yes, Aborigin	al	
		□ Yes, Torres	Yes, Torres Strait Islander		Yes, Aboriginal & T.S. Islander	
In which country were you born?		Australia	🗆 Australia		□ Other (please specify below)	
Do you speak a language other than English at home?		🗆 No	□ No		□ Yes (please specify below)	
If you speak a language other than English at home, how well do you speak English?		English? Very Well	🗆 Well	🛛 Not Well	Not at all	
6. Education Details						
Are you still attending secondary school?		□ No	□ No		□ Yes	
What is your highest COMPLETED school level?		□ Completed	Completed Year 12		Completed Yr. 9 or equivalent	
Tick one box only			Completed Year 11		Completed Yr. 8 or lower	
-		-	Completed Year 10 Never attended school			
In which year did you complete this s	school level?	If still attendin	g school, name of	school:		
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Issue date: Feb 2015	Review date: Dec 2015	Reviewed by: RTO Admin and Systems Leader Authorised: RTO Operations Manager		JOI	BS	



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7. Employment Status							
Of the following categories, which BEST describes you current employment status? Tick one box only	 Self-employed – not er Not employed – not se Unemployed – seeking 	Not employed – not seeking employment			Full time emp Part time emp Employer		
Where are you employed?							
How many employees are at your cu	rrent employer?		□ Up to 20		Over 20		
8. Disability							
Do you consider yourself to have a di	isability, impairment or long	g term cond	dition?		Ľ] Yes	🗆 No
	 Hearing/deaf Mental illness Acquired brain impairm 		IntellectualPhysicalLearning] Vision	ndition ase provide details)
9. Study Reason							
Of the following reasons, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship?	 To get a job To develop my existing business To start my own business To try for a different career To get a better job or promotion 			 It was a requirement of my job I wanted extra skills for my job To get into another course of study For personal interest or self-development Other Reasons 		b study	
How did you find out about the course you are enrolling in? Tick one box only	enrolling in? UWSS - Job Services UWSS - Group Training UWSS - Staff Member		 WSS - Flyer WSS - Website Radio advertising School supplied information Word of mouth 		C nation C	 Social Media (e.g. Facebook) Apprentice Centre Newspapers Workplace Other (please specify) 	
10. Short Course to be enroll	ed in						
Enrolment Date: / Course Code: Course Title:	/ 2015						
11. Student Declaration							
l (students full name) Short Course:				in see	king to enrol	in:	
Declare the information provided in the second seco	this form to be true and acc	curate:	Date:				
Date printed: 11/02/2015 3:18:00 PM Issue date: Feb 2015 File: 2015.02 short Course - Enrolment Frm V1.2.docx 190 Koroit St PO Box 933 Warrnambool VIC 3280 P. 03	Version: 1.2 Review date: Dec 2015 Page: 2 of 3	Authorised: Controlled c	y: RTO Admin and Syste RTO Operations Mana, opy/uncontrolled when	ger n printed		JOI ST/ TR	BS AFF AINING



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12. STUDENT EVIDENCE OF ID

OFFICE USE ONLY

I confirm that in relation to (students full name):	
I have sighted one of the following original documents (or a certified p	hotocopy of the original):
an Australian Birth Certificate (not Birth Extract)	a current Australia

□ a current New Zealand Passport

□ a current green Medicare Card

□ a current drivers licence

□ a Proof of Age card

□ a Student ID card

□ a current learner permit

□ a current Australian Passport

□ a signed Declaration by a relevant referee

□ a Naturalisation Certificate

□ a "Keypass" card

 \Box other form of photo ID:

□ formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence

13. ADMINISTRATION CHECKS		OFFICE USE ONLY
Internal Checking		
Westvic Staffing Solutions – ID Confirmation	□ Yes	□ No
Westvic Staffing Solutions -	SMS record	SMS No.:

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