

SMF17D Short Course Student Enrolment Form

Course code and title:

Title: _____ Legal First Name/s: _____ Middle Name: _____

Legal Surname: _____ Male: Female: Date of Birth: / /

Home phone: _____ Mobile phone: _____ Email: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Workplace Name: _____ Unique Student Identifier: _____

I give my permission for Practical Outcomes to conduct an 'Existing USI Search' to search and retrieve my USI if the USI I have provided does not verify

LABOUR FORCE STATUS

Of the following categories, which best describes your current employment status? (tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Employed - unpaid worker in family business | <input type="checkbox"/> Not employed - not seeking employment | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Unemployed - seeking full time work | <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Part time Employee |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Unemployed - seeking part time work | |

HIGHEST SCHOOL LEVEL COMPLETED

Are you still at school? Yes No

What is your highest COMPLETED school level? (tick one box only)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Completed Year 8 or below | <input type="checkbox"/> Completed Year 9 or equivalent | <input type="checkbox"/> Completed Year 10 |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 12 | Year Completed: _____ | |

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications? (see below) Yes No (if yes, please tick appropriate boxes)

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than above | | |

COUNTRY OF BIRTH

Australia Other: Please Specify: _____

Please Specify Town / City of Birth: _____ Are you a permanent resident? Yes No

LANGUAGE SPOKEN AT HOME

English Other Please Specify: _____

How well do you speak English? Very Well Well Not Well Not at all

DISABILITY

Have disability? Yes No

- | | | | | |
|--|---------------------------------------|---|---|--|
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Physical | <input type="checkbox"/> Hearing / Deaf | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Unspecified | |

INDIGENOUS STATUS

Neither Aboriginal nor Torres Strait Islander Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

STUDY REASONS

Of the following categories, which best describes your main reason for undertaking this course? (tick one box only)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> Other reasons | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get a better job or promotion | | |

STUDENT DECLARATION

In signing the enrolment form I declare that the information contained in this form is to the best of my knowledge true, correct and complete at the time of my enrolment.

Signature: _____ Date: / /

If under 18 years of age, name of parent or legal guardian: _____

Signature: _____ Date: / /

Practical Outcomes