

# ENROLMENT FORM

## Certificate III in Business (BSB30112)

ABN: 28 316 834 043

A separate enrolment form is required for each participant. Please complete all fields.

Please invoice:       Me       The organisation listed below

<b>FOR BILLING PURPOSES</b>  Please complete this section if you are not paying for this course personally	Organisation/School:	
	Contact Name:	
	Contact Phone:	
	Contact Email:	
	Mailing Address:	

### PARTICIPANT DETAILS - PAGE 1

Surname:	Date Of Birth*:
Given Names:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:	
(Please indicate address for certification)	
City:	Postcode:
Home Phone:	Work Phone:
Mobile Phone:	Email:

\* Information required for AVETMISS (National VET Statistics only)

e: [training@worklinks.com.au](mailto:training@worklinks.com.au) | w: [www.worklinks.com.au](http://www.worklinks.com.au) | p: (07) 5498 9601 | f: (07) 5498 9376

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### PARTICIPANT DETAILS - PAGE 2

I am a:  Teacher  Teacher's Aide  Neither

Country of Birth\*:

Language Spoken at Home\*:

Proficiency in English:  Very Well  Well  Not Well  Not at All

Indigenous Status\* (select one):  Aboriginal  Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  Neither

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If yes, please indicate (select all relevant fields):

Hearing/Deaf  Physical  Intellectual  Learning  
 Mental Illness  Vision  Medical Condition  
 Acquired Brain Impairment  Other (Please State):

Highest School Level\*:  Never attended school  Year 8 or below  Year 9 or equivalent  
 Year 10 or equivalent  Year 11 or equivalent  Year 12 or equivalent

Year of Highest School Level\*:

Currently Attending School:  Yes  No

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#### PARTICIPANT DETAILS - PAGE 3

Qualifications Completed\* (please indicate below):

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

Employment Status (please indicate below):

Please select the main reason that you are undertaking this study:

Are you computer literate and have a basic knowledge of computer software?

Yes

No

Do you require any literacy/numeracy assistance?

Yes

No

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### PARTICIPANT DECLARATION

Applicant's certification: I hereby certify that the information provided and attached is true, correct and authentic and all original certified evidence required has been provided. (Please print this completed form, sign and date it, and post the original to the PO Box listed at the top of the page)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: Worklinks will be contacting RTOs to verify the authenticity of any certified copies of documents forwarded. By completing this enrolment form you are providing permission for this to happen.

Please indicate where you heard about this course:

[Redacted area for course source information]