



STUDENT ENROLMENT FORM

Contact Us

Campus: 27A South Street, Granville NSW 2142
Phone 02 9897 5622 | Fax 02 9897 5644
| RTO No: 91349 | M/L: 000101318
SLED Approval No 14/19 | WorkCover Approval No RTO800059
Email: info@startraining.edu.au | Website: www.startraining.edu.au

UNIQUE STUDENT IDENTIFIER (USI)

ENTER USI HERE

Do you have a Unique Student Identifier (USI)

☐

Yes

☐

No

NOTE: If you do not provide a USI we can't legally issue your qualification. In certain circumstances we will assist students to create one i.e. no internet or limited IT skills, with their permission.

If **No**, please go to <https://www.usi.gov.au/students/create-your-usi> to create one and then provide it to administration staff. **SEE NOTE.**

PERSONAL INFORMATION

Title (Tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Country of Birth	
		City of Birth	
First Name		Nationality	
Middle Name (s)		Date of Birth	/ /
Surname		Email	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Recognition (RPL)	Do you wish to claim Recognition of Prior Learning? <input type="checkbox"/> Y <input type="checkbox"/> N

CONTACT DETAILS

Home Address		Suburb		Postcode	
Telephone		Mobile:			

OTHER DETAILS

Are you of Australian Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
If No, what is your main language?			
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

SCHOOL DETAILS

School level completed In what calendar year did you complete school?	<input type="checkbox"/> Did not go to school	<input type="checkbox"/> Completed year 10
	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Completed year 11
	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Completed year 12
Are you still attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOT STATED	
Prior Education If YES, then tick ANY applicable boxes.	<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or trade certificate)
	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Diploma (or associate Diploma)	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificates other than the above

LABOUR FORCE STATUS

Which BEST describes your current employment status? (Tick ONE box only)	<input type="checkbox"/> Full Time Employee	<input type="checkbox"/> Employed - unpaid worker in a family business
	<input type="checkbox"/> Part Time Employee	<input type="checkbox"/> Unemployed - seeking full time work
	<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Unemployed - seeking part time work
	<input type="checkbox"/> Employer	<input type="checkbox"/> Not Employed - not seeking employment
Employer Name:		
Occupation or Title		



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DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

☐ No ☐ Yes (If YES, indicate the areas of disability, impairment or long-term condition)

<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Not specified

COURSE DETAILS

Course/Qualification Title:

(Select Course)

<input type="checkbox"/>	SITHFAB201 (RSA)	<input type="checkbox"/>	CHC30113 Certificate III in Early Childhood Education and Care
<input type="checkbox"/>	SITHGAM201 (RCG)	<input type="checkbox"/>	CHC33015 Certificate III in Individual Support
<input type="checkbox"/>	Certificate II in Skills for Work and Vocational Pathways	<input type="checkbox"/>	TAE50111 Diploma of Vocational Education and Training
<input type="checkbox"/>	CPCCOHS1001A (Whitecard)	<input type="checkbox"/>	TAE40110 Certificate IV in Training & Assessment
<input type="checkbox"/>	HLTAID001 Provide CPR	<input type="checkbox"/>	CPP40707 Certificate IV in Security and Risk Management
<input type="checkbox"/>	BSB42015 Certificate IV in Leadership and Management	<input type="checkbox"/>	BSB41415 Certificate IV in Work Health and Safety
<input type="checkbox"/>	HLTAID004 Provide an emergency first aid response in an education and care setting	<input type="checkbox"/>	CHC43115 Certificate IV in Disability
<input type="checkbox"/>	HLTAID003 Provide first aid	<input type="checkbox"/>	CHC43015 Certificate IV in Ageing Support
<input type="checkbox"/>	HLTAID006 Provide advanced first aid	<input type="checkbox"/>	BSB51315 Diploma of Work Health and Safety
<input type="checkbox"/>	CPP20212 Certificate II in Security Operations (Security Class 1AC)	<input type="checkbox"/>	CHC50113 Diploma of Early Childhood Education and Care
<input type="checkbox"/>	CPP30411 Certificate III in Security Operations (Security Class 1F or 1B)	<input type="checkbox"/>	BSB60915 Advanced Diploma of Management (Human Resources)
<input type="checkbox"/>	CPP50611 Diploma of Security and Risk Management	<input type="checkbox"/>	BSB50215 Diploma of Business

Start Date:

...../...../.....

Location

☐ Granville

☐ Liverpool

STUDY REASON

Which of the following statements best describes your reason for studying?

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

STUDENT POLICY DECLARATION

1. REFUND POLICY:

Please read the refund policy in the student handbook which is available at reception desk or at www.startraining.edu.au prior to signing this form.

2. IMPORTANT INFORMATION:

All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

3. PRIVACY STATEMENT

The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to study under mandatory record keeping and reporting requirements. For our full Privacy Policy please visit the website at www.startraining.edu.au.

4. STUDENT HANDBOOK

I have read the student handbook and understand my rights and responsibilities in relation to assessment, student fees and the refund policy. By signing below I am confirming that I understand these elements in full. <http://www.startraining.edu.au/downloads/>

I have read and understand the Policies above:

Name:.....

Signature:

Date/...../.....