

Application for Enrolment

Date:

First name(s):

Family name:

Print your name as you wish it to appear on qualification:

Username:

Password:

Date of birth: Male Female

Street Address:

City:

State/Province:

Zip/Postal Code:

Country:

eMail:

Skype / phone:

Armed forces details (if applicable)

Branch of service:

Current / exit rank:

Length of service:

What language(s) other than English do you speak at home?

How well do you speak English at home?

Very well Well Not well Not at all

Country of birth:

Citizenship:

Australian residents ONLY - are you:

Aboriginal Torres Strait Islander

What is your highest COMPLETED level of school?

Year 12 or equivalent Year 9 or equivalent

Year 11 or equivalent Year 8 or below

Year 10 or equivalent Never attended

What YEAR did you complete that level?

Are you still attending school? yes no

Have you SUCCESSFULLY completed...

Higher Degree

Bachelors Degree

Advanced Diploma or Associate Degree

Diploma (or Associate Diploma)

Certificate IV (or Advanced / Technical Certificate)

Certificate III (or Trade Certificate)

Certificate II

Certificate I

Other Certificate

Which of the following BEST describes your employment status?

Full time employee Employed - unpaid worker in family business

Part time employee Unemployed - seeking full-time work

Self-employed Unemployed - seeking part-time work

Employer Not employed - not seeking work

Do you have a disability, impairment, or long term condition?

Hearing / deaf Mental illness yes no

Physical Acquired brain impairment

Intellectual Vision

Learning Medical condition

Other:

Which of the following BEST describes your main reason for undertaking this course?

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 better skills for my job

To get into another course of study

For personal interest or self-development

Other reasons

EMPLOYMENT HISTORY

Please provide details of your employment **most relevant** to this application

Job title:

Employer:

Dates employed:

Major duties:

Job title:

Employer:

Dates employed:

Major duties:

Job title:

Employer:

Dates employed:

Major duties:

Job title:

Employer:

Dates employed:

Major duties:

FURTHER TRAINING

If you are being funded by your employer, please nominate a workplace sponsor:

Name & title:

Employer:

Contact number:

Course title:

Training provider:

Course duration:

Course title:

Training provider:

Course duration:

Course title:

Training provider:

Course duration:

Course title:

Training provider:

Course duration:

Course title:

Training provider:

Course duration:

ADDITIONAL EVIDENCE

Please indicate which additional evidence you have or will provide in support of this application

- Curriculum vitae / resume
- Detailed position descriptions / KPIs
- Accredited certificates / results of assessment
- In-house / short course training records
- Staff performance reviews
- Diaries / job sheets / minutes of meetings
- Professional association memberships
- Workplace / industry awards
- References / letters from previous employers
- Relevant hobbies / skills / special interests
- Other documentary evidence of experience

I have read the [terms and conditions](#) of enrolment and agree to be bound by them yes no



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