



Personal Details			
First Name		Title	Mr/ Mrs/ Miss/ Ms/ Dr
Surname		Date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile No.	
Work Phone	()	Home Phone	()
Email Address			
Unique Student Identifier (USI) <i>if known</i>			
Address Details			
Building / Property Name (if applicable)			
Street or Lot Number/ Flat or Unit Details			
Street Name			
Suburb or Town		Postcode	
State / Territory		Country	
Is your postal address the same as the above?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no please write address in the space below</i>	
Postal Address			
Enrolment Details			
Qualification/ Course			
Preferred start date			
Delivery mode			
General Information			
1. Have you ever studied with us before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Country you were born in?		Australia <input type="checkbox"/> Other: <i>please specify</i>	
3. Do you speak another language other than English at home?		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes <i>please specify</i>	
4. 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	
5. Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes I am Aboriginal <input type="checkbox"/> Yes I am Torres Strait Islander <input type="checkbox"/> Yes I am Aboriginal and Torres Strait Islander	
6. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long term condition (<i>tick as many as apply</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 7 <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:	
7. Do you require any other support services either academic or personal?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please specify</i>	
8. What is your highest completed school level?		<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school – go to question 10	
9. Which YEAR did you complete school?			
10. Are you still attending secondary school?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes which school</i>	
Previous Qualifications			
11. Have you successfully completed any of the following qualifications?		<input type="checkbox"/> No – go to question 12 <input type="checkbox"/> Yes – please circle all that applies <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III (or Trade certificate) <input type="checkbox"/> Cert IV (or advanced cert/ technician) <input type="checkbox"/> Other	



Please list any qualification you have completed and the year of completion	Qualification		Year Completed	
	1.		1.	
	2.		2.	
	3.		3.	
12. Do you wish to apply for National Recognition or Credit Transfers? <i>If yes certified copies of transcripts and must be provided with this form.</i>			<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Do you wish to apply for Recognition of Prior Learning?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employment				
Which of the below best describes your employment status? <i>(select one only)</i>	<input type="checkbox"/> Full time	<input type="checkbox"/> Employed – unpaid work in a family business		
	<input type="checkbox"/> Part time	<input type="checkbox"/> Unemployed – seeking full time work		
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed – seeking part time work		
	<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed		
Employment Details				
Employers Legal Name				
Your Position				
Business Address		Postcode:		
Phone		Fax		
Email		Supervisor		
Reason for Study				
Which of the following best describes the reason for undertaking this course?	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business		
	<input type="checkbox"/> To develop my skills	<input type="checkbox"/> To start my own business		
	<input type="checkbox"/> Job requirement	<input type="checkbox"/> To try for a different career		
	<input type="checkbox"/> Personal interest	<input type="checkbox"/> To get a better job or promotion		
	<input type="checkbox"/> Other.....			
Emergency Contact/ Next of Kin				
Full Name		Relation to you		
Address	State			
	Postcode			
Home Phone	()	Mobile		
Work	()	Email		
Agreement				
In signing this Enrolment Form you agree;				
<ul style="list-style-type: none"> ▪ That the information you have provided on this form is true, correct and complete ▪ That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course ▪ That you have declared any extra support ▪ That you have read and understood Early Childhood Training and Education’s Information Privacy Policy ▪ That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy ▪ To provide Early Childhood Training and Education Pty Ltd with up to date and accurate contact details and notify them if anything changes ▪ To be bound by Early Childhood Training and Education’s Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time 				
Student Signature		Date	/	/
Printed Full Name				