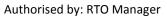
Enrolment Form

Version: 4.2

Issued: 16/11/2017 Doc #: RTOFOR01





Office II			
Office Use only:			
Qualification Code and Title: Delivery Mode: Classroom based [] Workplace bas			
Workplace bas	sed [] Trexible [] Diefided	LJ	
USI (Unique Participant Identifier)			
Please list your USI number			
Please note all participants/trainees/apprentices must obtain a USI by 1st January 2015 to con	ontinue/commence training		
Personal Details			
Title: Mr [] Mrs [] Miss [] Ms [] .Gender:	Male [] Female []	Date of birth/	
Surname: Given na	ame.	Other names	
Sumane Given no	anie	Other names	
Residential address:	Suburb:	P/C	
Postal address (if different)	Suburb	P/C	
1 Ostal address (II dillerent)	Gubuib		
Please tick preferred contact method			
Home Phone: [] Work	(Phone	[] Mobile[]	
Email address:			
Emergency contact name:	Relationship:	Phone	
Town / City of birth:			
10Will / Oily of billin			
Cultural Diversity and Nationality			
Indigenous Status: Aboriginal [] Torres Strait Islander [] Both [] Neither []			
Are you an Australian Citizen: Yes [] No []			
Were you born in Australia: Yes [] No [] If no, in which country were you born?			
Do you speak a language other than English at home:			
If yes, which language do you usually speak?			
	[]	1	
Schooling			
Are you still attending secondary school: Yes [] N	lo[]		
What is your highest COMPLETED school level: Year 12	2[] Year 11[] Year 10[] Yea	ar 9 [] Year 8 or below [] Did not go to school []	
In which year did you complete this level:	Name of school		
Previous Qualifications			
Have you SUCCESSFULLY COMPLETED any of the fo	ollowing qualifications: Yes [] N	No []	
If yes, please tick any applicable:	Total Confidence Confidence Confidence	North-ot- IV and Advanced Contribute []	
Certificate I [] Certificate II [] Certificate III or			
Diploma or Associate Diploma [] Advanced Diplom Certificates other than above []	*		
Continuation of the final above []			
Where were these qualifications obtained:			
A – Australia [] E – Australian Equivalent [] I – International []			

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Employment Status				
Of the following categories, which best describes your current employment status: (tick one box)				
Full Time Employee [] Part Time Employee: [] Employed –unpaid worker in family business [] Not employed-not seeking work []				
Self-employed-not employing others [] Unemployed seeking full time work [] Unemployed seeking part time work []				
the company of the co				
Disability				
Do you consider yourself to have a disability, impairment or long-term condition? Yes [] No []				
If Yes, please indicate the disability, impairment or long-term condition				
Acquired Brain Impairment [] Hearing/Deaf [] Intellectual [] Learning [] Medical Condition [] Mental Illness []				
Physical [] Vision [] Other []				
Study Reason				
Of the following categories, which BEST describes your main REASON for undertaking this course?				
To get a job [] It was a requirement of my job [] I wanted extra skills for my job [] To get a better promotion []				
To start my own business [] To develop my existing business [] For personal interset or self-development []				
To try for a different career [] To get into another course of study [] Other reasons []				
How did you hear about FWDV?				
Website [] Facebook [] Other internet [] Club [] Radio [] TV [] Referal [] Magazine []				
Commontation manufacture [1] Other [1]				
Current/returning participant [] Other []				
What is something you've learnt previously regarding the course you are enrolled in?				
what is something you've learnt previously regarding the course you are enfolied in:				
How did you learn that?				
What is your preferred approach to learning (how do you like to learn?)				

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Authorised by: RTO Manager



Privacy Statement

I understand that FWDV is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with participant and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Participant Statistical Collection Guidelines (which are available at www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx)

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisors, other government agencies, professional bodies and/or other organisations.

I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review

The Education and Training Reform Act 2006 requires FWDV to collect and disclose my personal information for a nuimber of purposes including the allocation to me of a Victorian Participant Number and updating my personal information on the Victorian Participant Register.

I hereby consent that the above information may be used for the purpsoe of research, statistical analysis, program evaluation and internal management by the relevant State Training Authority, Australian Apprenticeship Centre and/or Registered Training Organisation. The information provided by me in this enrolment form is true, accurate and complete to the best of my knowledge and belief. I understand that giving false or misleading information and/or failing to disclose any information relevant to my application may result in the withdrawal of any offer, particularly if it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.

I agree that I have been fully informed of all terms and conditions of my engagement in training with FWDV including course fees and associated costs, course outcomes and pathways and training and assessment arrangements including RPL.

Signature:		Date//		
Current driver's licence [] Current learner's permit [] Proof of age card [] Keypass card []				
Driver's Licence Number	Expiry Date	State		
Other form of ID: Type Eg. Australian Passport Australian Brith Certificate Medicare Card Certificate of Registration By Descent Citizenship Certificate ImmiCard	Number	Date		