

Training Enrolment Form

1. UNIQUE STUDENT IDENTIFIER (USI)

Insert your USI:

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If you do not have a USI you can create one free (ask us how) or APS Training Group can create one for you if you indicate below. For us to create this, you must provide us with a copy of photo identification and some specific information. (The required information is marked with an asterisk in this form). If we create it for you, you will receive a text message or email and you must log in and verify your account.

I would like APS Training Group to create my USI I will create my own USI and provide to APS Training Group

If APS Training Group creates your USI how would you like to be notified? Email Text message

Type of photo ID*: Drivers Licence - State: Passport Licence / Passport #*: _____

2. STUDENT DETAILS

Surname: (AS ON LICENCE OR PASSPORT)																			
Given name/s: (AS ON LICENCE OR PASSPORT)																			

Gender: Male Female Date of Birth*: _____ / _____ / _____

Phone: _____ Mobile*: _____

Town / City of Birth*: _____ Email*: _____

Home Address*: _____ Suburb*: _____ Postcode*: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Emergency Contact name: _____ Relationship: _____ Contact number: _____

Do you have any special needs that may impact on your learning? Yes No

If yes, provide details: _____

How did you hear about us? Yellow Pages Yellow Pages Online Facebook TV Radio Other: _____

2. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born*: Australia Other: _____

If you were not born in Australia, are you an Australian citizen or eligible resident? Yes No

Do you speak a language other than English at home: No, English only Yes Please specify _____

How well do you speak English: Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander Origin: No Yes Aboriginal Yes Torres Strait Islander

3. DISABILITY

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

If yes, please indicate the areas of disability, impairment or long-term condition:

Hearing/Deaf Learning Vision Impairment
 Physical Mental Illness Medical Condition
 Intellectual Acquired Brain Other

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4. SCHOOLING

What is your highest COMPLETED school level: (Tick one box only)

- Year 12 or equivalent Year 10 or equivalent Year 8 or equivalent
 Year 11 or equivalent Year 9 or equivalent Never attended school

In which YEAR did you complete that school level: _____ Are you still attending secondary school: Yes No

5. PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications: (tick all that apply)

- Bachelor Degree or Higher Degree Certificate IV Certificate I
 Advanced Diploma or Associate Degree Certificate III (or Trade Qualification) Certificate other than above
 Diploma (or Associate Diploma) Certificate II

5. EMPLOYMENT

Of the following categories, which BEST describes your current employment status:

- Full-time employee Employed - unpaid worker in a family business Unemployed - seeking part-time work
 Part-time employee Unemployed - seeking full-time work Not employed - not seeking employment
 Employer Self-employed - not employing others

Name of employer: _____

6. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course: (tick one box only)

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

7. COURSE DETAILS *(Please indicate which course/s you wish to enrol in)*

Course name/s: _____ Start Date: _____
 _____ Start Date: _____
 _____ Start Date: _____

8. PAYMENT DETAILS *(Please indicate who is paying and how payment is to be made)*

Who is Paying: STUDENT EMPLOYER Amount due: \$ _____

Payment Type: CASH EFTPOS CHEQUE P/O CREDIT CARD

Card Type: MASTERCARD VISA Card Number: _____

Expiry Date: _____ CCV number: _____

Cardholder name: _____ Signature: _____

9. STUDENT DECLARATION

See Terms and Conditions of Enrolment

I _____ wish to enrol in the above course/s and declare that:

(FULL NAME)

- I have read the form **TRN001.04 Terms and Conditions of Enrolment** and fully understand and accept these, which includes the information presented in the section **FEES, REFUNDS AND CANCELLATIONS**
- The information I have provided in this form is true and correct
- I will pay all course fees upon enrolment, unless otherwise agreed upon with APS Training Group
- If I have provided credit card details, I authorise APS Training Group to charge the card for the stated amount

Signature: _____ Date: _____

PLEASE RETURN TO APS TRAINING GROUP

Shop 2, 146 Woongarra Street Bundaberg QLD 4670 or training@apscorp.com.au