

ENROLMENT FORM

Course Details		
Course Name: _____	Course Code (if known): _____	
Applicant Details		
Name: _____	Male/Female _____	
Address: _____	Work Phone: _____	
Line 2: _____	Mobile: _____	
Email: _____	DOB: _____	
Employment Details (traineeship students only)		
Company Name: _____	Postal Address: _____	
Phone Number: _____	Suburb: _____	
Fax Number: _____	Email: _____	
Supervisor Name: _____	Supervisor Position: _____	
Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Self employed <input type="checkbox"/> School Based		
Education (traineeship students only)		
Please indicate your highest completed school level:		
<input type="checkbox"/> Did not go to school <input type="checkbox"/> Year 10	In which year did you complete the highest level: _____	
<input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 11	Are you still attending secondary school: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 12		
Have you ever successfully completed any of the following qualifications:		
<input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate Level III <input type="checkbox"/> Certificate Level I		
<input type="checkbox"/> Advanced or Associate Degree <input type="checkbox"/> Certificate Level IV <input type="checkbox"/> Certificate Level II <input type="checkbox"/> Miscellaneous		
Medical Conditions		
Do you have any medical conditions, impairments or disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete a Supplementary Medical Details form.		
Study Reason		
Which of the following best describes your reasons for undertaking this training?		
<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For personal interest
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> For self-development
<input type="checkbox"/> To start my own business	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To try for different career	<input type="checkbox"/> To get into another course of study	
Declaration:		
I hereby agree that the information contained within this document is true and correct. I agree to abide by the rules and conditions of Enrich Training.		
Participant Signature: _____	Date: / /	
Office Use Only		
Funding: <input type="checkbox"/> Federal Funding <input type="checkbox"/> Self Funded		