

Enrolment Form



Instructions: Mark appropriate boxes and fill in all sections clearly by printing in **CAPITAL LETTERS**. It is essential to complete **all questions** on this enrolment form or a statement **may not be issued on completion of this course**.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

Title Mr. Mrs. Miss Ms. Other (e.g. Dr.) _____ | Gender Male Female

Surname _____ First Name _____ Middle Name _____

Preferred Name _____ Employer _____

Date of Birth _____ Town/City of Birth _____ Country of Birth _____

Are you Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Non-indigenous

Home phone _____ Work phone _____ Mobile phone _____

Email address _____

Residential address _____

Postal address _____

Preferred contact Email Mobile Postal

Emergency contact _____ Relationship _____ Phone _____

USI (Unique Student Identification)

If you're studying nationally recognised training in Australia from 1 January 2015, you will be required to have a Unique Student Identifier (USI).

Do you have a USI number Yes No

USI Number _____

or

Do you give Jenagar Pty Ltd permission to create a USI number on your behalf: Yes No

Proof of Identification

Drivers Licence

Number _____

State issued _____

Medicare Card

Card Number _____

Individual ref number _____

Expiry Date _____

Card Colour Green Blue yellow

Other _____

PLEASE TURN OVER PAGE TO COMPLETE ENROLMENT FORM

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Are you currently Attending Secondary School: Yes No

Highest School level attended (e.g. year 12) _____ Year Completed (e.g. 2010) _____

Where was your schooling completed ? _____

Of the following categories, which best describes your current employment status? (please mark one box only)

- Full-time employee Unemployed – seeking full-time work Self-employed, no employees
 Part-time employee Unemployed – seeking part-time work Employer
 Unpaid worker in family business Unemployed – not seeking employment

Do you consider that you have a disability, impairment or long-term condition? Yes No

If yes to above, please specify condition(s) _____

Have you completed any of the following qualifications? Yes (please mark appropriate boxes) No

- Bachelor Degree or Higher Degree Certificate IV (or Advanced Certificate/Technician) Certificate II
 Advanced Diploma or Associate Degree Certificate III (or Trade Certificate) Certificate I
 Diploma (or Associate Diploma) Certificates other than the above

Payment details

Card Cash Employer Other _____

If paying by credit card please fill in the details listed below:

Debit/credit Card No. _____

Expiry date: _____ CCV: _____

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and consent to that occurring. I certify that all details provided on this form are true and correct to my knowledge at this time.

Signed: _____ Date: _____

Guardian: _____ Date: _____