

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

Enrolment Form



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)

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Unemployed – seeking full-time work | <input type="checkbox"/> Self-employed, no employees |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Unpaid worker in family business | <input type="checkbox"/> 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

- | | | |
|---|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> 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: _____