

**COURSE ENROLMENT FORM****SECTION 1: COURSE & APPLICANT DETAILS**

COURSE NAME:	COURSE DATE:
FAMILY NAME:	GIVEN NAMES:
RESIDENTIAL ADDRESS:	SUBURB:  POST CODE:
EMAIL:	CONTACT NUMBER:
DOB:	UNIQUE STUDENT IDENTIFIER:

DO YOU HAVE ANY READING OR WRITING DIFFICULTIES THAT YOU MAY REQUIRE ASSISTANCE WITH? Y / N  
IF YES, YOU CAN BRING A SUPPORT PERSON TO THE COURSE WITH YOU.

**SECTION 2: TERMS AND CONDITIONS**

- PAYMENT MUST ACCOMPANY ENROLMENT FORM TO SECURE YOUR PLACE. PAYMENT CAN BE MADE BY CASH, CHEQUE/ MONEY ORDER OR COMPANY INVOICE. CHEQUE / MONEY ORDER ARE TO BE MADE OUT TO JOB FUTURES SEQ. NOTE : EFTPOS IS NOT AVAILABLE.
- 24HOURS WRITTEN NOTICE MUST BE GIVEN TO CANCEL YOUR PLACE IN THE COURSE.
- I HAVE RECEIVED & UNDERSTAND THE INFORMATION PROVIDED REGARDING PRE-REQUISITES, INCLUDING BUT NOT LIMITED TO LITERACY & NUMERACY REQUIREMENTS.
- I AUTHORISE WORKSMART GLOBAL PTY LTD TO RELEASE INFORMATION REGARDING MY ENROLMENT TO ANY GOVERNMENT DEPARTMENT, FOR ANY FURTHER INFORMATION PLEASE CONTACT [privacy@worksmartglobal.com.au](mailto:privacy@worksmartglobal.com.au)

**SECTION 3: JOB SEEKER AGENCY (JSA)**

ARE YOU REGISTERED WITH A JSA PROVIDER? YES / NO

JSA PROVIDER :
CONSULTANT / EA NAME: JSA LOCATION:
I declare that this applicant is my client and that the above mentioned JSA provider will be responsible for payment. Consultant Signature: Date:

**SECTION 4: PAYMENT**

PAYMENT AMOUNT: \$	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE / MONEY ORDER	<input type="checkbox"/> INVOICE (JSA)
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**SECTION 5: SIGNATURES**

SIGN:	DATE
GUARDIAN OR PARENT IF UNDER 18 YEARS OLD	SIGN DATE

**SECTION 6: OFFICE ONLY**

DATE RECEIVED:	BY :	ENTERED ON VETTRAK: Y/ N	PAID FOR IN FULL: CASH/CHQ/INVOICE
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ALL ENQUIRIES SHOULD BE DIRECTED TO 02 6251 3388 OR [simone@worksmartglobal.com.au](mailto:simone@worksmartglobal.com.au)

# AVETMISS DETAILS

**To commence Nationally Recognised and Accredited Training, all parts of this AVETMISS Form must be completed by the applicant.**

The Commonwealth Department of Education Employment & Workplace Relations require information collected on this form. This information is collected for the purpose of auditing participation & the monitoring & reporting of training outcomes.

The information you provide may be accessed by officers of the Department & by the National Centre for Vocational Education Research (NCVER) for the above purpose.

## ORIGIN AND LANGUAGE

1. Were you born in Australia?

- Yes  No

If no, please specify which country:

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2. Do you speak a language other than English at home?

- No – English only (*go to Question 4*)  
 Yes – please specify what language:
- 

3. How well do you speak and read English?

- Very well  Well  
 Not well  Not at all
- 

4. Are you of Aboriginal or Torres Strait Islander origin?

- Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Neither Aboriginal nor Torres Strait Islander
- 

## DISABILITY

5. Do you consider yourself to have a disability, impairment or long-term condition?

- No (*go to Question 7*)  Yes
- 

6. If yes, please indicate below –  
you can select more than one option

- Hearing / Deaf  Physical  
 Intellectual  Learning  
 Mental Illness  Acquired Brain Impairment  
 Vision  Medical condition  
 Other – please state:
- 

## PRIOR EDUCATION

7. Are you still attending secondary school?

- Yes  No

8. What is the highest level of secondary schooling you have completed?

- Year 12 or equivalent  Year 11 or equivalent  
 Year 10 or equivalent  Year 9 or equivalent  
 Year 8 or below  Never attended school
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9. Which year did you complete that schooling level?

(*e.g. 1989*)

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10. Have you successfully completed a Degree, Diploma, or Certificate? (*Please tick below*):

- Bachelor Degree or Higher  
 Advanced Diploma or Associate Degree  
 Diploma or Associate Diploma  
 Certificate I  
 Certificate II  
 Certificate III or Trade Certificate  
 Certificate IV or Advanced Certificate  
 Other  
 No, I have not successfully completed any qualification
- 

## EMPLOYMENT

11. Please select the description that best fits your current employment status:

- Full-time employee  
 Part-time employee  
 Self-employed, not employing others  
 Employer  
 Employed in the family business  
 Unemployed – seeking full-time work  
 Unemployed – seeking part-time work  
 Not employed – not seeking work
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## STUDY REASON

12. Of the following categories, which best describes your reason for undertaking this training? (*Tick one only*)

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