

Course Enrolment Form

PERSONAL DETAILS		
Title: <input type="text"/>	DOB: <input type="text"/>	ID Sighted <input type="radio"/> Drivers Licence <input type="radio"/> Medicare Card <input type="radio"/> Healthcare Card <input type="radio"/> Credit Card <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> NSW Photo Card ID No.: <input type="text"/>
Surname: <input type="text"/>	Gender: <input type="radio"/> Female	
Given Name: <input type="text"/>	<input type="radio"/> Male	
Country of Birth: <input type="text"/>	<input type="radio"/> Not ATSI <input type="radio"/> Australian South Sea Islander <input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander	
Indigenous Origin:		
Language/s spoken at home: <input type="text"/>		
Citizenship: <input type="radio"/> Australian Citizen <input type="radio"/> New Zealand Citizen		
<input type="radio"/> Australian Resident <input type="radio"/> Temporary resident		
<input type="radio"/> Other: <input type="text"/>		
Address: <input type="text"/> <input type="text"/> <input type="text"/>		
Email: <input type="text"/>		
Day Phone: <input type="text"/>	Mobile: <input type="text"/>	


ENROLMENT DETAILS	
Course Name <input type="text"/>	Course Code <input type="text"/>
Do you intend to RPL/RCC for any of the course units? <input type="radio"/> Yes <input type="radio"/> No	
Study reason/s:	
<input type="checkbox"/> To get a job	<input type="checkbox"/> A requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons

ADDITIONAL INFORMATION	
High School Education	
Highest grade completed? <input type="radio"/> 12 <input type="radio"/> 11 <input type="radio"/> 10 <input type="radio"/> 9 <input type="radio"/> 8 or below	
Year Completed? <input type="text"/>	Still attending? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> None	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Diploma (or Associate Diploma)
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Bachelor Degree or Higher Degree
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Other: <input type="text"/>

Employment status	<input type="radio"/> Full-time employee	<input type="radio"/> Employed - unpaid, family business
	<input type="radio"/> Part-time employee	<input type="radio"/> Unemployed - seeking part-time work
	<input type="radio"/> Self employed - not employing others	<input type="radio"/> Unemployed - seeking full-time work
	<input type="radio"/> Employer	<input type="radio"/> Unemployed - not seeking employment
Disability, impairment or long term condition/s	<input type="checkbox"/> No Disability	<input type="checkbox"/> Intellectual
	<input type="checkbox"/> Hearing Deaf	<input type="checkbox"/> Learning
	<input type="checkbox"/> Visual	<input type="checkbox"/> Acquired Brain Impairment
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Physical	<input type="checkbox"/> Other: <input type="text"/>

Referral Source	<input type="radio"/> CPSI Staff	<input type="radio"/> STW Program	<input type="radio"/> TTW Program	<input type="radio"/> CP Program	<input type="radio"/> Fee Paying
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ENROLEE DECLARATION		
I declare the personal information I have provided on this enrolment form is true and accurate to the best of my knowledge. I acknowledge and understand the enrolment information and conditions as outlined in the conditions overleaf.		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

 [Click here to sign this section](#)

<i>Office Use Only:</i>		
Date received: <input type="text"/>	Data Entry: <input type="text"/>	Date: <input type="text"/>