



SWANN COLLEGE TRAINING ENROLMENT APPLICATION

Local Student

Instructions:

Fill in all sections clearly and carefully by writing in block letters.

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.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____

Date of Birth _____ Gender: _____

Emergency/Next of Kin Contact Details: Name _____ Phone: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: _____

Date of enrolment: _____

Do you wish to apply for National Recognition/Credit Transfer or RPL? Yes No

If so, complete the appropriate form and attach to the enrolment form

3 EMPLOYMENT DETAILS

Business Name: _____

Contact Name: _____

Address: _____

Town/Suburb _____ Telephone: _____



4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander

Were you born in Australia?

Yes No

If yes, Town/City of Birth _____

If not, please specify Country _____ Town/City of Birth _____

Is English your first language?

Yes No

Do you speak a language other No, English only (Go to disability section)
 Yes, other – please specify

How well do you speak English? Very Well Well Not well Not at all

Have you completed an English Proficiency Test within the last 12 months?

Yes No

If yes, please attach a certified copy of your results.

5 VISA INFORMATION

Have you visited or studied in Australia before?

Yes No

Have you breached any visa conditions?

Yes No

Have you ever been refused a visa form entry in Australia?

Yes No

If yes, please provide reason

Please attach a copy of your visa to this application

Have you ever been convicted of a crime or offence in any country?

Yes No

If yes, please attach details



6 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

- | | | | | |
|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |

7 SCHOOLING

What is your highest completed school level?

In which year did you complete that school level

- | | | |
|---|--|---|
| <input type="checkbox"/> Completed year 12 | <input type="checkbox"/> Completed year 11 | <input type="checkbox"/> Completed year 10 |
| <input type="checkbox"/> Completed year 9 or equivalent | <input type="checkbox"/> Completed year 8 or lower | <input type="checkbox"/> Did not go to school |

Are you still attending secondary school?

Yes

No

8 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

- | | |
|--|---|
| <input type="checkbox"/> Yes <i>(please tick ANY applicable boxes)</i> | <input type="checkbox"/> No <i>(Go to the Employment section)</i> |
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above |

9 EMPLOYMENT

Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)*

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

10 STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship? *(Tick ONE box only)*

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



SWANN COLLEGE

11 UNIQUE STUDENT IDENTIFIER (USI) AUTHORITY

Do you have a Unique Student Identifier (USI) number?

Yes No

If yes, my USI number is _____

If no, I authorise for Swann College to apply for my USI number on my behalf **Int**

Please supply a copy for your driver's licence for the USI ID

12 STUDENTS DECLARATION

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

I agree to pay the full course fee (including material fee) by the completion of my course for

_____ of \$ _____

Signed: _____ Date: _____

OFFICE USE ONLY:

Application accepted

Yes No

Accepted by RTO Manager Signature _____ Date: _____

The reason for rejecting the enrolment application:

The Student Training Agreement received and signed

Yes No

Signature _____ Date: _____

Information entered onto SMS Yes Date: _____

Signature of Administrator _____