



Training Enrolment Application

Short Course and RPL

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.

Please Note: The selected training may only be undertaken in addition to the following:

AUR30616 Certificate III in Light Vehicle Mechanical Technology or equivalent

or as part of one of the following:

AUR40216 Certificate IV in Automotive Mechanical Diagnosis or equivalent

The application fees is to be paid before the Enrolment Application is accepted (Non Refundable)

Personal Details

Title: Mr Ms Mrs Miss Dr Other

Family Name:

Given Names:

Residential Address:

Post Code:

Postal Address:

Post Code:

Phone:

Date of Birth:

Email:

Gender:

Emergency/Next of kin contact-Name:

Relation:

Phone:



Course Details

Name of Course/Qualification you wish to enroll in:

- **Electric Hybrid Short Course**

AURSS00035 - Battery Electric Vehicle Inspection and Servicing Skill Set:

AURSS00037 - Hybrid Electric Vehicle Inspection and Servicing Skill Set:

Cluster Skill sets AURSS00035 & AURSS00037

- **Automotive Air Conditioning Course**

AURETU003 & AURETU004 – Service, Diagnose & Repair Units required for Air Conditioning Handling Licence (AAC02:-Refrigerant Handling License)

- **RPL**

Do you wish to apply for National Recognition/Credit Transfer or RPL (Recognition of Prior Learning)? Yes No

If yes, please select: RPL Credit Transfer

Language and cultural diversity

Are you of aboriginal or Torres Strait Islander origin? No
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes) Yes
 Yes, Torres Strait Islander

Were you born in Australia? Yes No

If yes, Town/City:

If no, please specify county: _____ Town/City of Birth: _____

Do you speak a second language No, English only
 Yes, other:

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

Disabilities

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

- No
- Vision
- Hearing/Deaf
- Physical
- Medical Condition
- Other
- Intellectual
- Mental Illness
- Learning
- Acquired brain impairment



Schooling

What is your highest completed school level?

- Completed year 12
- Completed year 11
- Completed year 10
- Completed year 9
- Completed year 8 or lower
- Did not go to school

In which year did you complete school?

Are you still attending secondary school? Yes No

Previous achieved qualifications

Have you successfully completed any of the following qualifications?

- Yes
- No
- Bachelor Degree or Higher Degree
- Certificate III (or Trade certificate)
- Advanced Diploma or Associate Degree
- Certificate II
- Diploma (or Associate Diploma)
- Certificate I
- Certificate IV (or Advanced Cert/Technician)
- Certificates other than the above

Employment

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

- Full-time employee
- Employed- unpaid worker
- Part-time employee
- Unemployed-seeking fulltime work
- Self-employed-not employing others
- Unemployed-seeking part time work
- Employer
- Not employed-not seeking

Employment Details

Business Name:

Contact Name:

Address:

Town/Suburb:

Phone:

Study Reason

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

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



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 authorize Swann College to apply for my USI number on my behalf. Yes No

You will need to supply a copy of your driver's license with your application from to obtain a USI.

Student 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 14 days before the commencement of my course.

Student Sign:

Date:

Payment Details

Please do not hesitate to contact if you require Invoice prior to payment, however Invoice will be issued to business or personal name once we receive the payment.

Account Name:-Swann

College Bank:- Bank SA

BSB:- 105-029

Account No:- 083416540

Office Use Only

Deposit Paid Yes No

Receipt Number:

Application Accepted Yes No

Accepted by General Manager: Sign Date

The reason for rejecting this application (if rejected):

[Light blue shaded area for text input]

Sign: Date:

Information entered into SMS: Date: Yes

Administrator sign: Date: