



Training Enrolment Application

Domestic Student

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.

Personal Details

Title: Mr Ms Mrs Miss Dr Other

First Name:

Middle Name:

Family Name:

Residential Address:

Post Code:

Postal Address:

Post Code:

Phone:

Date of Birth:

Email:

Gender:

Emergency/Next of kin contact-Name:

Relation:

Phone:



Course Details

Please select the Courses or qualifications you wish to enroll in:

Name of the course/qualification	T&A	RPL	CT
AUR21920 – Certificate II in Automotive Tyre Servicing Technology			
AUR30320 – Certificate III in Automotive Electrical Technology			
AUR 30620 – Certificate III in Light Vehicle Mechanical Technology			
AUR31120 -Certificate III in Heavy Commercial Vehicle Mechanical Technology			
AUR40216 – Certificate IV in Automotive Mechanical diagnosis			
AUR40620 – Certificate IV in Automotive Electrical diagnosis			
AUR50116 – Diploma of Automotive Management			
AUR50216 – Diploma of Automotive Technology			
BSB50120 – Diploma of Business			
BSB60120 – Advanced Diploma of Business			
AUEE60220 – Advanced Diploma of Electronics and Communications Engineering			
Automotive Air Conditioning Training AURETU003 Service Air Conditioning & HVAC Systems AURETU004 Diagnose & Repair Air Conditioning & HVAC systems			
AURSS00035 Battery Electric Vehicle Inspection & Servicing Skill Set			
AURSS00037 Hybrid Electric Vehicle Inspection & Servicing Skill Set			
Battery/ Hybrid Electric Vehicle Inspection Module 1			
AURETR149 ADAS (Advanced Driver Assistance Systems)			

T&A – Training and Assessment

RPL – Recognised Prior Learning

CT – Credit Transfer



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 |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed-seeking fulltime 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 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)

- | | |
|--|--|
| <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 a different career |
| <input type="checkbox"/> To get a better job | <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 |
-

Unique Student Identifier (USI) Authority

Do you have a Unique Student Identifier (USI) number? Yes No

If yes, my USI number is:

If no, please obtain a USI number by visiting the website www.usi.gov.au



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

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: