

ENROLMENT APPLICATION FORM

This information is required by VETAB

Please answer all the questions so that your application can be processed

Learner Details					Enrolment	
Mr	Mrs	Miss	Ms	Other	Which Course / Training are you enrolling in?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Name:					Course Mode:	
<i>(Your name as it appears on your drivers licence or birth certificate)</i>					Please tick appropriate one	
Given Name(s):					Traineeship	<input type="checkbox"/>
<i>(Your name as it appears on your drivers licence or birth certificate)</i>					Workplace Based	<input type="checkbox"/>
Signature:					Do you have special requirements that may need assistance during the course?	
Address:					If yes, please give details. (eg. Wheelchair access, dietary requirements, disability, reading, writing, other)	
Date of Birth:					Tick the appropriate box:	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Aboriginal / Torres Strait Islander <input type="checkbox"/>		
Phone (daytime): _____ Fax: _____					Country of Birth _____	
Mobile: _____					Language spoken at home _____	
Email: _____						
Employment Details						
Organisation:					How well do you speak English:	
Position:					Very Well	<input type="checkbox"/>
Full Time	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Well	<input type="checkbox"/>	
Part Time	<input type="checkbox"/>			Not Well	<input type="checkbox"/>	
Casual	<input type="checkbox"/>					
Qualifications: Tick the highest grade of school you have completed <u>and</u> the year this was achieved						
<input type="checkbox"/>	Year 9 or below achieved _____	<input type="checkbox"/>	Year 10 achieved _____	<input type="checkbox"/>	Year 12 achieved _____	