



## VOCATIONAL EDUCATION AND TRAINING ENROLMENT FORM

**COURSE / QUALIFICATION:**

**LOCATION:**  **COURSE DATE:**  /  /

Unique Student Identifier (USI)

From January 1, 2015 for you to be issued with a qualification you must provide OHSA with your Unique Student Identifier (USI). This can be obtained by going to [www.industry.gov.au](http://www.industry.gov.au) and following the application process. If required, OHSA can undertake the application process on your behalf (fees will apply).

### PERSONAL DETAILS

1. Enter your full name:  Family name (surname)

Given names

2. Enter your birth date:  /  /  City of / Town of Birth:

3. Sex – Tick ONE box only: ☐ Male ☐ Female

Home Phone

Email

Mobile Ph

Identification No.

**Acceptable ID** - Driver's Licence, Medicare Card, Australian Passport, Visa (with Non-Australian Passport) for international students, Birth Certificate (Australian) \*extract is not sufficient, Certificate Of Registration By Descent, Citizenship Certificate, ImmiCard.

State of Issue

For Driver's  
Licence Only

4. What is the address of your usual residence?  Building/property name

The street number and name where you usually reside (not a post office box).

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

5. What is your postal address?  Building/property name

(If different from above).

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. P.O. Box 254)

Suburb, locality or town

State/territory

Postcode

### LANGUAGE AND CULTURAL DIVERSITY

6. In which country were you born? Australia ☐ 1101 Other – please specify

7. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often). No, English only – Go to question 9 ☐ 1201

Other – please specify

8. How well do you speak English? 1 - Very well ☐ 2 - Well ☐ 3 - Not well ☐ 4 - Not at all ☐

9. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes). No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes).



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### DISABILITY

10. Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No – Go to question 12 ☐

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area).

Hearing/deaf	<input type="checkbox"/> 11	Acquired brain impairment	<input type="checkbox"/> 16
Physical	<input type="checkbox"/> 12	Vision	<input type="checkbox"/> 17
Intellectual	<input type="checkbox"/> 13	Medical condition	<input type="checkbox"/> 18
Learning	<input type="checkbox"/> 14	Other	<input type="checkbox"/> 19
Mental illness	<input type="checkbox"/> 15		

### SCHOOLING

12. What is your highest COMPLETED school level (Tick ONE box only)

Year 12 or equivalent	<input type="checkbox"/> 12	Year 9 or equivalent	<input type="checkbox"/> 09
Year 11 or equivalent	<input type="checkbox"/> 11	Year 8 or equivalent	<input type="checkbox"/> 08
Year 10 or equivalent	<input type="checkbox"/> 10	Never attended school – go to question 14	<input type="checkbox"/> 02

13. In which YEAR did you complete that school level?

14. Are you still attending school? Yes ☐ No ☐

### PREVIOUS QUALIFICATIONS ACHIEVED

15. Have you SUCCESSFULLY completed any of the following qualifications? Yes ☐ No – Go to question 17 ☐

16. If YES, then tick ANY applicable boxes.

Bachelor degree or higher	<input type="checkbox"/> 008	Certificate III (or trade certificate)	<input type="checkbox"/> 514
Advanced diploma or associate degree	<input type="checkbox"/> 410	Certificate II	<input type="checkbox"/> 521
Diploma (or associate diploma)	<input type="checkbox"/> 420	Certificate I	<input type="checkbox"/> 524
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511	Certificates other than the above	<input type="checkbox"/> 990

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

Full-time employee	<input type="checkbox"/> 01	Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Part-time employee	<input type="checkbox"/> 02	Unemployed – seeking full-time work	<input type="checkbox"/> 06
Self employed – not employing others	<input type="checkbox"/> 03	Unemployed – seeking part-time work	<input type="checkbox"/> 07
Employer	<input type="checkbox"/> 04	Not employed – not seeking employment	<input type="checkbox"/> 08

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

To get a job	<input type="checkbox"/> 01	It was a requirement of my job	<input type="checkbox"/> 06
To develop my existing business	<input type="checkbox"/> 02	I wanted extra skills for my job	<input type="checkbox"/> 07
To start my own business	<input type="checkbox"/> 03	To get into another course of study	<input type="checkbox"/> 08
To try for a different career	<input type="checkbox"/> 04	For personal interest or self-development	<input type="checkbox"/> 12
To get a better job or promotion	<input type="checkbox"/> 05	Other reasons	<input type="checkbox"/> 11

By undertaking training I consent to relevant personal information (e.g. first name, last name, date of birth, passport number and endorsement expiry dates) being made available to third party organisations including the Resources RTO Association, Queensland Government departments (e.g. DET, DME) and statutory authorities as required by law.

☐ Tick here if you **DO NOT** want your current employer to receive a copy of this qualification.

Student's Signature  Today's Date (dd/mm/yyyy)  /  /

Assessor's Name

Assessor's Signature  Today's Date (dd/mm/yyyy)  /  /

### VOCATIONAL EDUCATION AND TRAINING ENROLMENT FORM

OHSa Occupational Health Services Australia is required to provide the Department of Education, Training and Employment with a copy of this form which will be used for vocational education and training administration. The information collected on this form may contribute towards the Queensland Certification of Education and will be used for the purpose of the Education (General Provisions) Act 2006 and the Education (Queensland Studies Authority) Act 2002. In addition, the information may be used for planning, communication, research, evaluation and marketing activities undertaken by the department. Your personal information may be disclosed by the department to Australian Government and State Government agencies, including the National Centre for Vocational Education and Research, Queensland Studies Authority and Education Queensland.

If you require further information, ask OHSa Occupational Health Services Australia about why we are collecting your personal information on this form, how it will be used and to whom it will be disclosed. (Ph: 1300 647 200 - Fax: 1300 852 970 - E: training@ohsa.com.au or info@ohsa.com.au).