

COURSE / QUALIFICATION:

LOCATION:

COURSE DATE (dd/mm/yyyy):

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.usi.gov.au and following the application process. If required, OHSa can undertake the application process on your behalf (fees will apply). We may be able to search and create a USI for you. Please tick this box if you do NOT want OHSa to search for your USI on your behalf if it is incorrect or not entered. ☐

PERSONAL DETAILS— Please write the name you used when you applied for your USI. No shortened or nicknames.

1. Enter your full name:

Family name (surname)

Givennames.

2. Enter your birth (dd/mm/yyyy):

3. Sex—Tick ONE box only:

☐

Male

☐

Female

☐

Other

4. Home Phone:

Email:

Mobile Ph:

5. What is the address of your usual residence?

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

Building/property name

Flat/unit details

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

Street name

Suburb, locality, or town

State/territory

Postcode

6. What is your postal address?

(If different from above).

Building/property name

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

7. In which country were you born?

Australia

☐

1101

Other—please specify

8. Do you speak a language other than English at home

No, English only—

☐

1201

Other—please specify

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 ☐ 4

Yes, to Both ☐ 3

Yes, Aboriginal ☐ 1

Yes, Torres Strait Islander ☐ 2

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	<input type="checkbox"/> 16
Physical	<input type="checkbox"/> 12	impairment 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-	<input type="checkbox"/> 02

-go to question 14

13. Are you still attending school?

Yes ☐ No ☐

PREVIOUS QUALIFICATIONS ACHIEVED

14. Have you SUCCESSFULLY completed any of the following qualifications?

Yes ☐ No - Go to question 16 ☐

15. If YES, then tick ANY applicable boxes.

Bachelor's 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

EMPLOYMENT

16. 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

STUDY REASON

17. 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 own 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
		To get skills for community/voluntary course	<input type="checkbox"/> 13

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

Tick if you DO NOT want to be contacted by ASQA (RTO Regulator) for a survey.

Student's Signature

Today's Date (dd/mm/yyyy)

Note - OHSA does not have CRICOS registration and is unable to deliver courses to those on a student visa (*Or to partners of a student visa holder*). By filling in this enrolment form you confirm you are eligible to undertake this course. Should you not be eligible any certificates issued won't be valid and your course fees will be forfeited. For more information, please contact our office on 1300 647 200.

Assessor's Name

Assessor's Signature

Today's Date (dd/mm/yyyy)

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Trainer/Assessor- please confirm you have discussed any learning needs with students (See No. 10/11 above)

VOCATIONAL EDUCATION AND TRAINING ENROLMENT FORM

This information may be used for planning, communication, research, evaluation, and marketing activities undertaken by OHSA. Your personal information may be disclosed to the Department of Education and Training, Australian Skills Quality Authority (ASQA) and other regulatory bodies as required under individual legislation.

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.
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