

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)

Given names.

2. Date of birth (dd/mm/yyyy):

3. Sex (Tick ONE box only):

Male

Female

Other

4. Phone Number:

5. Email:

6. 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

7. 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

EMERGENCY CONTACT

8. Full Name:

9. Phone Number:

10. Relationship:

LANGUAGE AND CULTURAL DIVERSITY

11. In which country where you born?

Australia

1101

Other - please specify

12. Do you speak a language other than English at home?

No, English only -

1201

Other - please specify

13. 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/MEDICAL CONDITION

14. Do you have any disabilities or medical conditions which may affect your enrolment in this training?

Yes	If <u>YES</u> tick all that apply.	Hearing/deaf	11	Acquired brain impairment	16
		Physical	12	Vision	17
No		Intellectual	13	Medical condition	18
		Learning	14	Other	19
		Mental illness	15		

SCHOOLING

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

Year 12 or equivalent	12	Year 9 or equivalent	09
Year 11 or equivalent	11	Year 8 or equivalent	08
Year 10 or equivalent	10	Never attended school	02

16. Are you still attending school?

Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

17. Have you SUCCESSFULLY completed any of the following qualifications? Yes No - go to question 19

18. If <u>YES</u> , then tick <u>ANY</u> applicable boxes.	Bachelor's degree or higher	008	Certificate II (or trade certificate)	514
	Advanced diploma or associate degree	410	Certificate II	521
	Diploma (or associate diploma)	420	Certificate I	524
	Cert IV (or advanced certificate / technician.	511	Certificates other than the above	990

EMPLOYMENT

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

Full-time employee	01	Employed-unpaid worker in a family business	05
Part-time employee	02	Unemployed-seeking full-time work	06
Self-employed-not employing other.	03	Unemployed-seeking part-time work	07
Employer	04	Not employed-not seeking employment	08

STUDY REASON

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

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

Trainer/Assessor- please confirm you have discussed any learning needs with students (*See No. 14 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. Australia Skills Quality Authority (ASQA) and other regulatory bodies 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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