OHSA
HEALTH SAFETY TRAINING
Industry Leaders
OHSA Occupational Health Services Australia Pty Ltd
T / 1300 647 200
F / 1300 852 970
E / info@ohsa.com.au
www.ohsa.com.au
ABN 73 833 631 941
RTO No. 31092

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, to Aboriginal ☐ 1 Yes, Torres Strait Islander ☐ 2

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DISABILITY/MEDICAL CONDITION

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

Yes ☐ If YES tick all that apply.

No ☐

Hearing /deaf	☐ 11	Acquired brain impairment	☐ 16
Physical	☐ 12	Vision	☐ 17
Intellectual	☐ 13	Medical condition	☐ 18
Learning	☐ 14	Other	☐ 19
Mental illness	☐ 15		

SCHOOLING

15. What is your highest COMPLETE 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. I YES, then tick ANY applicable boxes.

Bachelor's degree or higher	☐ 008	Certificate III (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