



Title	Student Enrolment Form		
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Prepared by:	LGK General Manager	Edition:	10
		Date:	11/07/11

STUDENT ENROLMENT FORM

(Please PRINT in the spaces provided)

YEAR	COURSE YOU ARE APPLYING FOR:	
	Course Start Date:	Course Location:

PERSONAL DETAILS

HAVE YOU EVER BEEN A FIRST INTERVENTION STUDENT BEFORE? YES NO

FAMILY NAME (Block Letters) Other Names:

(The above name will appear on ALL Certificates and Statements of Attainments issued to the student)

STREET NUMBER & NAME

SUBURB: STATE: POSTCODE:

PHONE: MOBILE: FAX:

EMAIL:

DATE OF BIRTH
D D M M Y Y Y Y GENDER Male Female

NAME OF EMERGENCY CONTACT:

RELATIONSHIP: PHONE:

Employer Details: *for completion by apprentices. Trainees or applicants whose employer is to be receipted*

STREET NUMBER & NAME

SUBURB: STATE: POSTCODE:

PHONE: MOBILE: FAX:

EMAIL:

PLEASE COMPLETE THE FOLLOWING

What is your highest completed school level? *please* ✓

Year 12 Year 11 Year 10 Year 9 Year 8 or below Did not go to school

Are you still a secondary student? If no, in which year did you last attend secondary school?

Which secondary school did you attend?

Of the following, which best describes your current employment status? *please tick* ✓

- | | |
|---|--|
| <input type="checkbox"/> 1 Full-Time Employee | <input type="checkbox"/> 5 Employed (Unpaid family worker) |
| <input type="checkbox"/> 2 Part-Time Employee | <input type="checkbox"/> 6 Unemployed (seeking full-time work) |
| <input type="checkbox"/> 3 Self-Employed (not employing others) | <input type="checkbox"/> 7 Unemployed (seeking part-time work) |
| <input type="checkbox"/> 4 Employer | <input type="checkbox"/> 8 Not Employed (not seeking employment) |

Country of Birth (*if not Australia, specify*)

Language (other than English) spoken at home:

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

Are you an Australian Citizen? Yes No Do you have a permit residency? Yes No

If No, what is your visa status shown on your passport?

Are you of indigenous origin? Yes No Are you a Torres Strait Islander? Yes No

Which of the following best describes your main reason for undertaking this course? *Please* ✓

- | | |
|---|--|
| <input type="checkbox"/> 1 To get a job | <input type="checkbox"/> 7 I want extra skills for my job |
| <input type="checkbox"/> 2 To develop my business skills | <input type="checkbox"/> 8 To get into another course or study |
| <input type="checkbox"/> 3 To start my own business | <input type="checkbox"/> 9 For personal interest |
| <input type="checkbox"/> 4 To try for a different career | <input type="checkbox"/> 10 For self development |
| <input type="checkbox"/> 5 To get a better job or promotion | <input type="checkbox"/> 11 Other reasons |
| <input type="checkbox"/> 6 It was a requirement of my job | <input type="checkbox"/> 12 To get a qualification |

PLEASE COMPLETE THE FOLLOWING

Do you consider yourself to have a disability for which you may require assistance?

Yes

No

If Yes, please place a tick ✓ in the appropriate box(es) below:

- | | | | | | |
|-----------------------------|----------------|-----------------------------|-----------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> 11 | Hearing / Deaf | <input type="checkbox"/> 14 | Learning | <input type="checkbox"/> 17 | Vision |
| <input type="checkbox"/> 12 | Physical | <input type="checkbox"/> 15 | Mental Illness | <input type="checkbox"/> 18 | Medical Condition |
| <input type="checkbox"/> 13 | Intellectual | <input type="checkbox"/> 16 | Acquired Brain Injury | <input type="checkbox"/> 19 | Other,
please specify below |

Have you successfully completed any of the following qualifications? *(please tick ✓)*

- | | | | |
|------------------------------|--|------------------------------|-------------------------|
| <input type="checkbox"/> 008 | Bachelor Degree or Higher Degree level | <input type="checkbox"/> 514 | Certificate III |
| <input type="checkbox"/> 410 | Advanced Diploma or Associate Degree Level | <input type="checkbox"/> 521 | Certificate II |
| <input type="checkbox"/> 420 | Diploma Level | <input type="checkbox"/> 524 | Certificate I |
| <input type="checkbox"/> 511 | Certificate IV | <input type="checkbox"/> 990 | Miscellaneous Education |

If you are aged 24 or below at the time of enrolment, please provide your Victorian Student Number:

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Are you new to the Victorian Education system or do not have your Victorian Student Number?

- Yes, I am new to the Victorian Education System. I have never attended a Victorian School, TAFE or other training provider.

Privacy Statement

I understand that:

First Intervention P/L is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skils.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information it is consultants, advisors, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires First Intervention P/L to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

I acknowledge and agree to the terms described in this privacy statement.

I declare that the information provided on this enrolment form is, to the best of my knowledge true, correct and complete.

I agree to be bound by First Intervention's policies and procedures whilst I remain an enrolled student.

I authorise First Intervention to release personal and/or medical information for educational purposes or to meet legal obligations or in the case of an emergency in accordance with the privacy policy and procedures and the Victorian Privacy and Health Records Act.

I agree to pay all fees and charges relating to my enrolment, unless payment is to be made by my employer or another contracted third party.

I have read and understood the conditions relating to fees and refunds.

Signature :

Date:

FIRST INTERVENTION CONTACT DETAILS

Mail: PO Box 87
Tullamarine
VIC 3043

Phone: +61 3 9376 7900

Fax: +61 3 93764900

Email: info@firstintervention.com.au

Web: www.firstintervention.com.au

FIRST INTERVENTION OFFICE USE ONLY

Student ID Number Course ID Number:

Course Code Course Title:

Preferred method of payment: Lump Sum Instalments

Comments: