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| --- |
| **Course for Enrolment: (please tick** *✓*  **)** |
| 🞎 | HLTAID001 Provide CPR | 🞎 | HLTAID006 Provide advanced first aid |
| 🞎 | HLTAID002 Provide basic emergency life support | 🞎 | HLTAID007 Provide advanced resuscitation |
| 🞎 | HLTAID003 Provide first aid | 🞎 | UETTDRRF10B Provide first aid in an ESI environment |
| 🞎 | HLTAID004 Provide an emergency first aid response in an education and care setting |  |  |
|  |
| **Participant Details** |
| **FIRST NAME:**(please PRINT in BLOCK letters |  | **SURNAME:**(Last Name) |  |
| **(The above name will appear on ALL Statement of Attainments issued to the Student)** |
|  |  |  |  |  |
| **STREET ADDRESS: \*** (NO PO BOX addresses accepted) | **\*Bolded fields are mandatory for completion** |
|  |
| **SUBURB: \*** |  | **STATE: \*** |  | **POSTCODE: \*** |
|  |  |  |  |  |
| PHONE: |  | MOBILE: |  | **DATE OF BIRTH: \*** |
|  |  |  |  |  |
| EMAIL |  |  | **GENDER: \*** |  |
|  |  | Female | Male | Unspecified/Intersex |
|  |  |  |  |  |
| Employer/Organisation (where applicable): |  |
|  |  |  |  |  |
| What INDUSTRY are you working in? (e.g. Education, Health, Retail) |  |
|  |  |  |  |  |
| What is your Occupation? |  |
|  |  |  |  |  |
| Do you require any specialised assistance because of a disability? *(Please tick 🗸 )* | 🞎 Yes | 🞎 No |
| Do you have any other current First Aid qualifications? If so – please specify | 🞎 Yes | 🞎 No |
|  |
|  |  |  |  |  |
| **Are you of Aboriginal and/ 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 |
|  |  |  |  |  |
| **Which of the following best describes your main reason for undertaking this course? \***  (*Please ✓ 1 box only)* |
| 🞎 | 1. To get a job
 |  | 🞎 | 7. I wanted extra skills for my job |
| 🞎 | 1. To develop my existing business
 |  | 🞎 | 8. To get into another course of study |
| 🞎 | 1. To start my own business
 |  | 🞎 | 9. For personal interest |
| 🞎 | 1. To try for a different career
 |  | 🞎 | 10. For self development |
| 🞎 | 1. To get a better job or promotion
 |  | 🞎 | 11. Other reasons |
| 🞎 | 1. It was a requirement of my job
 |  |  |  |
|  |  |  |  |  |
| **Main LANGUAGE Spoken:\*** *(Please tick ✓)* | 🞎 English | 🞎 Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proficiency in Spoken English:\***  *(Please tick ✓)* | 🞎 Not at all | 🞎 Not Well | 🞎 Well |
|  |  | 🞎 Very Well | 🞎 Not Stated |  |
|  **If you are aged 24 or below at the time of enrolment, please provide your Victorian Student Number:\*** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| **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 |
| **From 1st January, 2015 the Australian Government Department of Industry require that all persons undertaking nationally recognised training by a registered training organisation have a Unique Student Identifier (USI). \***Record your 10 digit USI number below. |
|  |  |  |  |  |  |  |  |  |  |
|  |
| **If you have not yet applied for a USI number please contact First Intervention P/L for information how to obtain your USI.** Please note upon successful completion of any accredited training with First Intervention P/L, certification can only be issued if a USI number has been determined. |
| **Student Enrolment Privacy Notice / Authority to Release Information & View Documents** |
| *I understand that:*First Intervention P/L is required to provide various Australian Government departments, through the Australian Skills Quality Authority, with student and training activity data which may include information provided 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.skills.vic.gov.au/corporate/statistics/submit\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data)) and the Australian Government Department of Industry. 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.**Information concerning a USI is required by Australian Government Department of Industry.*I understand that personal information I provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of my USI is protected by the Student Identifiers Act 2014 and will not otherwise be disclosed without my consent unless authorised or required by law.In the event I have established a USI Number but I am unable to record it above, I authorise First Intervention to locate my USI number on the Australian Government USI website using the required details I have provided on this form.I acknowledge and agree to the terms described in this privacy statement.I agree to be bound by First Intervention's policies and procedures whilst I remain an enrolled student.I authorise First Intervention to respond to Verification Requests confirming my successful certification, to prospective Employers and/or Training Organisations to support further training, development and employment opportunities.I declare that the information provided on this enrolment form is, to the best of my knowledge true, correct and complete. 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. |
| **Participant Signature** |  | **Date:** | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| FIRST INTERVENTION P/L25 Silicon Place, Tullamarine VIC 3043 | T: 03 9376 7900E: info@firstintervention.com.auwww.firstintervention.com.au |