

QET
STUDENT ENROLMENT FORM

Is this the first time you have enrolled with QET?
If YES. Then state year study is to commence, i.e.2015
If NO, state student ID

YES NO

TITLE: (Please tick one box only) MR MS MRS MISS OTHER _____

FAMILY NAME: (SURNAME) _____

GIVEN NAMES: _____

DATE OF BIRTH: (DD/MM/YYYY) ____ / ____ / ____

ADDRESS OF USUAL RESIDENCE: STREET No. AND NAME: _____

SUBURB / LOCALITY / TOWN _____

State/Territory _____ POSTCODE: _____

POSTAL ADDRESS AS ABOVE and
Postal Delivery Box _____
Suburb/Town _____ State/Territory _____ Postcode _____

CONTACT DETAILS: Phone: (Home) _____ (Work) _____
(Mobile) _____
Email: _____

UNIQUE STUDENT IDENTIFIER: _____

EMPLOYER DETAILS (This is required if the Employer is paying fees – Tax Invoice purposes)

POSTAL ADDRESS Business Name: _____
Address: _____
Suburb?Town _____ State/Territory _____ Postcode _____

COURSE DETAILS:

Unit of Competency Code	Module / Unit of Competency Name

1. Employment Details

Which of the following categories
Best describes your current
Employment Status?

Select One

- Full –Time Employee
 Part –Time Employee
 Self Employed
 Employer
 Unemployed (Seeking Full TimeWork)
 Unemployed (Seeking Part TimeWork)
 Not Employed (Not Seeking Employment)

2. Home Language

Do you speak a language
other than English at home?

Select One

- No, English only (Go to Q4)
 Yes Other (Please specify)

3. How well do you speak English?

Select One

- Very well
 Well
 Not well
 Not at All

How well do you write
English?

Select One

- Very well
 Well
 Not well
 Not at All

4. Country of Birth

5. Do you identify with Aboriginal or Torres Strait Islander Origin?

Select One

- No
 Yes - Aboriginal
 Yes – Torres Strait
 Yes – Aboriginal & Torres
 Straight Islander

6. Secondary Education

What is your highest completed
secondary school level?

Select One

- Completed Year 8 or lower
 Completed Year 9
 Completed Year 10
 Completed Year 11
 Completed Year 12

In which year did you complete
that school level? -----

7. Special needs

Do you consider yourself to have a
disability, impairment or long
term condition?

Select One

- Yes
 No (Go to Q9)

If yes, then please indicate the
areas of disability, impairment or
long term condition.

Select One or More

- Hearing/Deaf
 Physical
 Intellectual
 Learning
 Mental Illness
 Acquired Brain Impairment
 Vision
 Medical Condition
 Other (Specify Below)

**8. If you answered YES to the
above question, will you need any
special assistance, because of the
disability?**

Select One or More

- Special Equipment
 Physical Access
 An interpreter (sign)
 A Note Taker
 Taped or large Print Materials
 Other (Specify Below)

9. Post Secondary Education

Have you successfully
completed any of the
following qualifications?

Yes No

If yes, tick any applicable boxes.

- Bachelor or higher Degree
 Advanced Diploma or
 Associate Degree
 Diploma or (Associate
 Diploma)
 Certificate IV (or advanced
 Certificate / Technician)
 Certificate III (or Trade
 Certificate)
 Certificate II
 Certificate I
 Certificates other than
 above:

**10. Your major reason for
study? Select One**

- Get a job
 To develop my existing
 business
 To start my own business
 It is a requirement for my job
 I want extra skills for my job
 For personal interest/self dev.
 Other Reason

11. Declaration

I accept responsibility for the
accuracy of my enrolment record.
I also acknowledge that, I am
subject to the statutes, regulations
and rules of the AQTF Training
Guidelines.

Student

Signature: _____

I give permission for my results to
be released to employers or other
authorised persons

Yes No

Student

Signature: _____

I give permission to QET to use
my course photograph and/or
testimonial for marketing
purposes

Yes No

Student

Signature: _____

Date: _____