

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.2011
If NO, state student ID

YES NO

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

GENDER: (Please tick one box only) MALE FEMALE

FAMILY NAME: SURNAME _____

GIVEN NAMES: _____

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

ADDRESS OF USUAL RESIDENCE: SUBURB / LOCALITY / TOWN _____

POSTCODE: _____

POSTAL ADDRESS Address Line 1 _____

Address Line 2 _____

Suburb?Town _____ State/Territory _____ Postcode _____

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

Email: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

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

POSTAL ADDRESS Business Name _____

Address Line 1 _____

Address Line 2 _____

Suburb?Town _____ State/Territory _____ Postcode _____

COURSE DETAILS: Course Code: _____

Course Name: _____

	Module / U of C Code	Module / Unit of Competency Name
1		
2		
3		
4		
5		

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. Do you indentify with Aboriginal or Torres Strait Islander Origin?

Select One

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

5. 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? -----

6. Special needs

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

Select One

- Yes
- No (Go to Q8)

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)

7. 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)

8. 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:

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

9. 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: _____