

STUDENT ENROLMENT DETAILS

First Name	Please use your legal name as produced on your proof of identity documents		Otherwise known as Name you prefer to be called
Middle Name	Please use your legal name as produced on your proof of identity documents		
Surname	Please use your legal name as produced on your proof of identity documents		
Date Of Birth	/ / 19	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postal Address			
Suburb/Town		Postcode	
Mobile Phone		Other Phone	
Email			

Allens Training is collecting the personal information requested on this form for AVETMISS requirements. No information will be given or sold to any organisation.

As part of the Australian Quality Training Framework (AQTF), the following information is required for statistical purposes. The individual answers are not available for anyone to view and forms part of data that is required to be collected. Please assist us to comply with the requirements for collecting data. Failure to supply the required information makes this enrolment unable to be processed and your application will be returned to you for completion.

1. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: – Please specify:
2. Do you speak a language other than English at home?	<input type="checkbox"/> No – English Only (Go to Question 4)	
	<input type="checkbox"/> Yes – Please specify:	
3. How well do you speak English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
4. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes – Please select: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
5. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please select from below:	
	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Hearing/Deaf
	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired Brain impairment <input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Other - Please specify:
6. What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 9 or equivalent
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 8 or below
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> I did not attend school
7. In which year did you complete that school level?	Year:	
8. Are you still attending school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes- indicate below	
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV (or advance certificate/Technician)	
<input type="checkbox"/> Advance Diploma or Associate Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)	
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I <input type="checkbox"/> Other
10. Of the following categories, which BEST describes your current employment status?		
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer
<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full time work	
<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Not employed - not seeking employment	
11. Of the following categories, which BEST describes your main reason for undertaking this course?		
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business <input type="checkbox"/> Try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> Personal interest	<input type="checkbox"/> Self development	<input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> Other:

Please select course option you are applying for:

- Full Program – Mixed Mode (combination of hard copy self paced manuals/workplace projects/classroom/workshop)

OR

- Full Program – Classroom Based

OR

- Individual unit(s) - Please tick below -

Only complete this section if you are not undertaking the full course. Full course units are already set.

- HLTHIR301B Communicate and work effectively in health
 BSBWOR203A Work effectively with others
 HLTOHS200B Participate in OHS processes
 HLTIN301C Comply with infection control policies & procedures
 HLTF301C Apply first aid
 HLTF402C Apply advanced first Aid (note this has a pre-requisite HLTF301C)
 HLTAMBFC301C Communicate with clients & colleagues to support health care
 CHCCS400B Work within a relevant legal and ethical framework
 HLTAP301B Recognise healthy body systems in a health care context

*All students must provide Justice of The Peace signed copies of proof of identification

RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning (RPL) is an assessment process that allows for recognition of competencies currently held, regardless of how, when or where the learning occurred. RPL assesses your prior learning to determine the extent to which you are currently competent against the competency requirements of a unit or a whole qualification / course.

Do you wish to apply for any RPL? Yes No

RPL Checklist

Documents that need to be submitted if applying for RPL:

- Copy of current Resume/CV
- Proof of Identity
e.g copy of Drivers licence or some other form of photo ID
- Certified copies** of all supporting documents

Upon receipt of this information you will be contacted by our RPL officer to discuss your options.

ASSESSMENTS

The assessment(s) for this course may consist of a selection of short answer questions, case study analysis, reports and workplace projects.

IMPORTANT STUDENT INFORMATION

Please read all sections carefully

All sections of the enrolment are compulsory requirements and must be completed. Failure to supply the required information makes this enrolment process non-compliant and will be returned to you to complete correctly before a certificate will be produced.

STUDENT INFORMATION

1. The course materials refer to the current information but it is impossible to cover all potential aspects in an emergency situation. Allens Training and its partner organisation/instructor cannot accept any responsibility for any injury or damage that may occur as a result of this course and/or the information given.
2. Please indicate to the trainer if you have a disability or impairment that may impede your progress in this class. Please discuss your options with your instructor before the course to ensure it will not impede your capacity to complete the activities and assessments required to gain the qualification or to ensure we can make adjustments to the program to enable you to complete the course requirements.
3. If you are aware of any cultural matters that may impact on your ability to complete this course, please indicate this to your trainer before the course.
4. Allens Training is collecting the personal information requested on this form for the purpose of conducting training courses. We will use the personal information supplied on this form for that purpose only. This information will be used solely by Allens Training for the purpose of an audit or reporting under AVETMISS requirements. No information will be given or sold to any organisation.

STUDENT DECLARATION

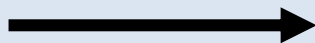
I,

have read the enrolment form and completed all required sections. If applying for RPL I have attached all required evidence as per the checklist.

I have attached Proof of identity document signed by a Justice of the Peace

Date:

Student to Sign



If you are completing this training through a partner organisation please complete the following details:

Partner Organisation Name:

Trainer Name: