STAFF-IN-CONFIDENCE

(WHEN COMPLETE)

| Enrolment Form |
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| **Information contained in this document is utilised in accordance with the TITEB Privacy Policy** |
| Please complete the following form in full and return. If you have any questions please discuss with your lecturer.Please note you will be required to participate in your induction BEFORE you complete this enrolment form!Tiwi students do not have to pay course fees. |

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| **Section 1 – Personal Details** *(Please choose by placing an X in the boxes that apply to you)* |
| Given Names: |  |
| Title: | 🞏 Mr 🞏 Mrs 🞏 Ms 🞏 Miss 🞏 Other: |
| Surname: |  |
| Gender: | 🞏 Male 🞏 Female | Place of Birth: |  | Date of Birth: |  |

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| **Section 2 – Identification**  |
| Have you completed a Course with TITEB previously?  | 🞏 Yes 🞏 NO  |
| Previous Course Name  |  |
| **Unique Student Identifier (USI)** |
| TITEB is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification.  |
| Do you have a USI?  | 🞏 Yes  | **Your USI No.** |  |
| Obtaining your USI?  | 🞏 No🞏 I will obtain my own USI from <http://www.usi.gov.au/>. I understand that delay in supplying my  USI to TITEB may result in delay in course participation and certification. 🞏 I authorise TITEB to obtain a USI on my behalf. I have attached one form of ID.  |
| **Provide at least ONE form of ID (e.g. Driver’s License)** *(Admin Staff will need to sight your ID)* |
| ID Type:  |  |  |
| ID Number: |  |  |
| ID Sighted (Admin to sign): |  |  |
| **List relevant industry licences you hold**  |
| Examples: * Occupational Licenses
* Industry Inductions
* First Aid
* High Risk
 |  🞏 🞏 🞏 🞏  |

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| **Section 3 – Qualification / Course Details**  |
| I wish to enrol in the following course:  |
| Qualification / Course Name: |  |
| Delivery Mode & Commencement : | 🞏 Classroom 🞏 Online 🞏 Apprenticeship / Traineeship🞏 Workplace – Based 🞏 School – Based 🞏 Assessment Only (RPL) | Date:  |
| Time:  |
| Location:  |
| **Section 4 – Contact Details**  |
| **Personal Contacts** |
| Phone: (Home) |  | Mobile: |  |
| Email: |  |
| **Home Address**: |
| Address: |  |
| Suburb: |  | State:  |  | Postcode: |  |
| **Mailing Address:** |
| Address: |  |
| Suburb: |  | State:  |  | Postcode: |  |
| **Next of Kin :** |
| Name:  |  | Relationship: |  |
| Contact Tel :  |  | Mobile No: |  |

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| **Section 5 – Workplace Details (if applicable)**  |
| Company Name: |  |
| Address: |  |
| Suburb: |  | State:  |  | Postcode: |  |
| Email Address : |  |
| Contact Person:  |  | Work No: |  |

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| **Section 6 – Marketing Feedback**  |
| **How did you hear about this course?**  | 🞏 Email received 🞏 Press Advertisement 🞏 Internet Search 🞏 Television 🞏 Radio  | 🞏 Industry Body / Regulator 🞏 Employer 🞏 Work Colleague 🞏 Family / Friend  |
| Other : |

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| **Section 7 – Personal Information** |
| 1. **Indigenous Status** *(Please choose by placing an X in the boxes that apply to you)*
 |
| 🞏 | Yes, Aboriginal | 🞏 | Yes, Aboriginal and Torres Strait Islander |
| 🞏 | Yes. Torres Strait Islander | 🞏 | No, Neither Aboriginal or Torres Strait Islander |
| 1. **Employment Status** *(Please choose by placing an X in the boxes that apply to you)*
 |
| 🞏 | Full-Time Employee | 🞏 | Employed – Unpaid Worker in Family Business |
| 🞏 | Part-Time Employee | 🞏 | Unemployed – Seeking Full-Time Work |
| 🞏 | Self-Employed (Not Employing Others) | 🞏 | Unemployed – Seeking Part-Time Work |
| 🞏 | Employer | 🞏 | Not Employed – Not Seeking Employment |
| 1. **Disability Status** *(Please choose by placing an X in the boxes that apply to you)*
 |
| Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course? |
| 🞏 Yes 🞏 No – Go to D.  |
| Disability, Impairment or Long-Term Condition: |
| 🞏 Hearing / Deafness  | 🞏 Physical | 🞏 Medical Condition |
| 🞏 Vision | 🞏 Intellectual | 🞏 Mental Illness |
| 🞏 Acquired Brain Impairment | 🞏 Learning | 🞏 Not Specified |
| 🞏 Other : |
| Do you need any additional support?  | 🞏 Yes 🞏 No |
| Specify support required : |  |
| **D. Language and Literacy** *(Please choose by placing an X in the boxes that apply to you)* |
| Are you an Australian Citizen?  | 🞏 Yes 🞏 No |
| If NO, what is your country of birth? |  |
| Is English your First Language?  | 🞏 Yes 🞏 No |
| If NO, what language do you usually speak? |  |
| How well do you speak English?  | 🞏 Very Well 🞏 Well  | 🞏 Minimal 🞏 Not at all |
| **E. Education** *(Please choose by placing an X in the boxes that apply to you)* |
| What is your highest level of education COMPLETED? |
| 🞏 | Did not go to school | 🞏 | Completed Year 10 or Equivalent |
| 🞏 | Year 8 or Below | 🞏 | Completed Year 11 or Equivalent |
| 🞏 | Completed Year 9 or Equivalent | 🞏 | Completed Year 12 or Equivalent |
| Year / Month Completed : |  /  | School:  |  |
| **F. Training** *(Please choose by placing an X in the boxes that apply to you)* |
| Have you completed any other courses / qualifications? (Specify Below) 🞏 Yes 🞏 No |
| Qualification Level | Discipline /Subject Area  | Qualification Level | Discipline /Subject Area  |
| 🞏 | Certificate I |  | 🞏 | Certificate III |  |
| 🞏 | Certificate II |  | 🞏 | Certificate IV |  |
| 🞏 Other :  |
| **G. Reason for Study** *(Please choose by placing an X in the boxes that apply to you)* |
| **Which of the following statements best describes your reason for enrolling in this course?** | 🞏 Personal Interest 🞏 To get a job🞏 To get a better job or promotion 🞏 I want extra skills for my job🞏 Requirement of my job  | 🞏 To start my own business🞏 To develop my existing business 🞏 To try another career 🞏 Meet CPD / license / vocational requirements 🞏 To gain a qualification  |
| 🞏 Other: (Please identify)  |
| **Section 8 –Client Enrolment and Policy acceptance Declaration**  |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Tiwi Islands Training and Employment Board to release my name, date of birth, contact details and statistical information to the relevant Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information. |
| **Client Name:** |  |
| **Client Signature:** |  | **Date:** |  / /  |
| **RTO Staff Name:** |  |
| **RTO Staff Signature:** |  | **Date:** |  / /  |

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**Please see “Training Plan Form” for details of:**

**Course Code - Course Name**

**Unit Codes - Unit Names**

**Nominal Hours**

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| **Admin Use Only** |
| **Client Name :** |  |
| **Course Enrolled :** |  |
| **Training & Assessment Workbook Provided** | [ ]  Yes  | [ ]  No | [ ]  NA | **Date:** |  / /  | **Initial:** |  |
| **Client Induction Completed :** | [ ]  Yes  | [ ]  No | [ ]  NA | **Date:** |  / /  | **Initial:** |  |
| **LLN Assessment completed :** | [ ]  Yes  | [ ]  No | [ ]  NA | **Date:** |  / /  | **Initial:** |  |
| **Enrolment processed in VetTrak :** | [ ]  Yes  | [ ]  No | [ ]  NA | **Date:** |  / /  | **Initial:** |  |
| **Client File Created :** | [ ]  Yes  | [ ]  No | [ ]  NA | **Date:** |  / /  | **Initial:** |  |