

Course Enrolment Form

Please complete (Please use Blue or Black Pen) the following and provide information as indicated.
All information will be treated as **CONFIDENTIAL**.

Student Details							
Participant Name	First		Middle		Last		
Contact Info	H		M		W		
	Email						
Address							
			State		Post Code		
Emergency Contact	Name				Relationship		
	H		M		W		
Other	DOB	/	/	Private Enrolment	<input type="checkbox"/> Yes: Skip Next Section	<input type="checkbox"/> No: Complete Next Section	

Company Details (If this is a Private Enrolment please Skip this Section)							
Company Name						Site	
Contact Info	O		M		F		
Address							
			State		Post Code		

Course Details (Confirmation of enrolment will be made prior to commencing the course)		
Course Name		Course Date/s

RPL / RCC and/or Mutual Recognition / Credit Transfer		
Will you be applying for any of the above?	<input type="checkbox"/> Yes: Follow the procedure detailed in Student Handout	<input type="checkbox"/> No
Do you have this Qualification or Statement of Attainment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Employment Status		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed Not Seeking Work
<input type="checkbox"/> Employer	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed Seeking Work

Reason For Study			
<input type="checkbox"/> To get a job	<input type="checkbox"/> Job requirement	<input type="checkbox"/> Try different career	<input type="checkbox"/> For another course of study
<input type="checkbox"/> Personal interest	<input type="checkbox"/> Better existing Business	<input type="checkbox"/> Start my own Business	<input type="checkbox"/> Promotion or better job
<input type="checkbox"/> Other: _____			

Previous Education			
What is the highest level of school you have completed?			
<input type="checkbox"/> Year 8 or Equivalent	<input type="checkbox"/> Year 10 or Equivalent	<input type="checkbox"/> Year 12 or Equivalent	<input type="checkbox"/> Never attended School
<input type="checkbox"/> Year 9 or Equivalent	<input type="checkbox"/> Year 11 or Equivalent	<input type="checkbox"/> Still attending school	<input type="checkbox"/> Year Finished: _____
Please indicate any successfully completed qualifications?			
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III or Trade	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Diploma
<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Other: _____	

REMEMBER Turn Enrolment Form over and complete remaining side.

Learning Requirement Information			
Q1. Do you consider yourself to have a disability, impairment or long term condition?			
<input type="checkbox"/> Yes: Please give details below	<input type="checkbox"/> No: Next Questions		
<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other: _____			
Q2. Do you require assistance from the trainer during the course?			
<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Question	
Please List _____			
Q3. Do you have any language, literacy or numeracy difficulties?			
<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Question	
Please List _____			
Q4. Do you have any dietary requirements or food allergies?			
<input type="checkbox"/> Yes: Please give details below		<input type="checkbox"/> No: Next Question	
Please List _____			
Q5. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: _____	
Q6. How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well <input type="checkbox"/> Not Very Well
Q7. Are you of the following origin?	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Straight Islander	<input type="checkbox"/> No, Other

Please ensure that you read and understand the following information.

Terms and Conditions
Capability Resources retain the right to cancel a course due to insufficient numbers.
Please Note: For courses with practical components (i.e. working at heights or enter confined space) you must wear full PPE (Personal Protective Equipment) to the course.
This includes; steel cap boots, long sleeve shirt and long pants. For all other courses closed in footwear is required (no thongs)

Student Declaration	
The information has been completed by me personally and the information I have given is correct.	
On occasions filming or photos may be taken of training activities and I hereby consent to Capability Resources (and its related Company, Capable Training) taking and using photographic material for media and publicity purposes.	
<input type="checkbox"/> I have read and agree to the conditions of the cancellation policy.	
<input type="checkbox"/> I confirm the above enrolment for myself/my company for training to be conducted by Capability Resources.	
<input type="checkbox"/> I understand that certificates will be issued on successful completion of the course and receipt of payment.	
I acknowledge that I have received sufficient information regarding:	
<input type="checkbox"/> Enrolment and Selection	<input type="checkbox"/> Course Fees, Payments and Refund Policies
<input type="checkbox"/> Privacy Legislative and Regulatory Requirements	<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> LLN (Language, Literacy and Numeracy) Needs	<input type="checkbox"/> Student Induction and Orientation
<input type="checkbox"/> Recognition of Prior Learning (RPL)	<input type="checkbox"/> Access to Student Records
<input type="checkbox"/> Credit Transfer and Mutual Recognition	<input type="checkbox"/> The Appeals Process
<input type="checkbox"/> Complaints and Grievances	

Signature			
Signed by Student	Sign here once you have acknowledged the above information	Date	DD / MM / YYYY