

# STUDENT ENROLMENT DETAILS

## STUDENT USI –

<b>First Name</b>	<input type="text"/>	<b>Otherwise known as</b>	
<b>Middle Name</b>	<input type="text"/>	<input type="text"/>	
<b>Surname</b>	<input type="text"/>	<input type="text"/>	
<b>Date of Birth</b>	<input type="text"/>	<b>Sex</b>	Male      Female
<b>USI Address</b>	<input type="text"/>		
<b>Postal Address</b>	<input type="text"/>		
<b>Suburb/Town</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Mobile Phone</b>	<input type="text"/>	<b>Other Phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		

Shared Hope 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.

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