

Office Use Only
 Student No.: _____
 Course Date: _____

ENROLMENT FORM



NATIONALLY RECOGNISED
TRAINING

Please print clearly

Name	
Postal Address	
Suburb	Postcode
Contact Phone No.	Date of Birth
Email Address	Annual Reminder sent: Email: <input type="checkbox"/> Post: <input type="checkbox"/>
Next of Kin Details (emergency only)	
If you have a preferred name that you would like on your certificate which is different to the one above, please write it here: _____	

New CPR – HLTF201A	New First Aid – HLTF 301B
Refresher CPR (yearly update due)	Refresher First Aid (3 yearly update due)
Advanced Resuscitation HLTF404A	Give details below of Provider (eg. Red Cross) & Date:
Low Voltage Switchboard Rescue LVSR	

Please indicate (✓) in both columns the highest level of education you have achieved.

<input type="checkbox"/> < Year 10 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12	<input type="checkbox"/> Trade / Apprentice <input type="checkbox"/> TAFE Qualification (Certificate I, II, III, IV Diploma) <input type="checkbox"/> University (Bachelor of)
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The purpose of attending this course is to:

- Gain employment
 Requirement of my employment
 Professional development

Which describes your current employment status?

- Full time
 Part time
 Self employed
 Employer
 Unemployed
 Retired

Do you have any medical condition, physical or intellectual impairment that you are aware of, or other identified special needs that we should be aware of during training?
 Yes
 No

If yes, please give details _____

By signing this form, I am agreeing to abide by the general rules of the Accredited Training Company as outlined in the induction. In compliance with the Privacy Act, I also give my consent for Accredited Training Company to provide copies of my personal records to staff of the Department of Employment and Training as required at any audit. I have received a copy of the Student Information, understand its contents and have sought clarification on any issues I am unsure of.

Signature _____

Date _____

IMPORTANT: Learner Questionnaire:

As a Registered Training Organisation (RTO), Accredited Training Company is governed by the regulations of the Australian Quality Training Framework (AQTF), administered and audited by the Department of Employment and Training (DET). AQTF have requested all students undertaking accredited training be issued with the learner questionnaire (attached). The information on this questionnaire is submitted to AQTF to gather a picture of training throughout Australia. Some of the questions may not be appropriate to this training so just leave blank. You remain anonymous to the department and the questionnaire is not compulsory; however we would appreciate if you would complete the form. Thank you for your time.