

# RESPONSE EMPLOYMENT & TRAINING ENROLMENT FORM

To be completed by the participant ( all sections must be completed - DET requirement )

1. NAME, DATE OF BIRTH AND GENDER	2. ADDRESS AND TELEPHONE NUMBER
Family Name: _____ Given Name: _____ Date Of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Number / Street: _____ Suburb: _____ State: _____ Postcode _____ Phone: (Home) (Work) _____ E-mail _____
<b>3. NAME OF COURSE YOU ARE REGISTERING IN:</b> _____ <b>PATHWAY ( Recognition. workplace assessment, training):</b> _____	
4. ABORIGINALITY	5. DISABILITY
Are you of Aboriginal Origin? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you of Torres Strait Origin? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you of Aboriginal and Torres Strait Origin? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you consider yourself to have a permanent and significant disability? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify type of disability _____ Do you receive extra support because of the disability ? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. SPECIAL NEEDS	7. ETHNICITY
Do you have any special needs? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO Would you like some extra support because of these special needs? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you born in Australia? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, in which country were you born? _____ _____
8. CITIZENSHIP	
Student Declaration: I am: (tick one box) <input type="checkbox"/> an Australian citizen <input type="checkbox"/> a New Zealand citizen <input type="checkbox"/> an Australian permanent resident <input type="checkbox"/> a temporary resident <input type="checkbox"/> none of the above Please specify _____	
9. LANGUAGE	10. SCHOOLING
Which language do you mainly speak at home? (tick one box) <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER If OTHER, please specify the language spoken _____ Do you require some support with your language needs <input type="checkbox"/> YES <input type="checkbox"/> NO	What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 In which year did you complete that school level? _____
11. PRIOR ACHIEVEMENTS	12. EMPLOYMENT
Since leaving school, have you COMPLETED any qualifications? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, then tick ANY applicable boxes: <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Advanced / Technician Certificate <input type="checkbox"/> Certificate other than above <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Undergraduate Diploma <input type="checkbox"/> Degree or Post Graduate Diploma	Of the following categories, which BEST describes your current employment status? ENTER ONE LETTER _____ (A) Full time employment (B) Part time employment (C) Self employed - Not employing others (D) Employer (E) Employed - Unpaid family worker (F) Unemployed - Seeking full time work (G) Unemployed - Seeking part time work (H) Not employed - Not seeking employment

NOTE: The information requested in this form will be used by DET for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for the purposes.

\_\_\_\_\_ ( Participant's signature ) \_\_\_\_\_ (Date)

QUALIFICATION DETAILS : \_\_\_\_\_

PARTICIPANT'S NAME : \_\_\_\_\_

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*OFFICE USE ONLY*

Booking Number	Response Course ID	Course Name	Delivery Site
Fees / Exemption: Have course fees been charged <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, was proof of pension or allowance sighted? <input type="checkbox"/> YES <input type="checkbox"/> NO	Course Start Date: ___/___/___ Course Close Date: ___/___/___