

# TRAINING ENROLMENT FORM - CAREER BOSS

## INSTRUCTIONS:

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

## 1 PERSONAL DETAILS

Title: *(Please tick)* Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency / Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

## 2 COURSE DETAILS

Name of course / qualification currently undertaking: \_\_\_\_\_

Date of enrolment: \_\_\_\_\_

Training Agreement No. *(Applicable to Traineeships Only)* \_\_\_\_\_

## 3 EMPLOYMENT DETAILS

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Town / Suburb \_\_\_\_\_ Telephone: \_\_\_\_\_

## 4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?  
*(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)*

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander

Were you born in Australia? \_\_\_\_\_ If not, please specify? \_\_\_\_\_

Do you speak a language other than English at home?

<input type="checkbox"/>	No, English only <i>(Go to disability section)</i>
<input type="checkbox"/>	Yes, other – please specify

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How well do you speak English?  Very Well  Well  Not well  Not at all

## 5 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

No  Vision  Hearing/Deaf  Physical  Medical Condition  
 Other  Intellectual  Mental Illness  Learning  Acquired Brain Impairment

## 6 EDUCATION

What is your highest completed school level? In which year did you complete that school level

Completed year 12  Completed year 11  Completed year 10  
 Completed year 9 or equivalent  Completed year 8 or lower  Did not go to school

Are you still attending secondary school? Yes  No

Have you completed any of the following qualifications?

Yes (please tick ANY applicable boxes)  No (Go to the Employment section)

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

## 7 EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment

## 8 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest	<input type="checkbox"/> For self-development
<input type="checkbox"/> Other reasons	

## 9 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on this forms are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_