



Skills Recognition Enrolment Form

Name of qualification:

Starting date:

Applicant

Surname (family name) _____ Given names _____
(Please print clearly, as this information will be used for any qualifications issued)

Preferred name: _____ [] male [] female

Date of birth:/...../.....

Residence

Postal address: _____

_____ State: _____ Postcode: _____

Property address: (if different to postal or residential address) _____

_____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Mobile phone: _____ Email address: _____

Employment

Of the following categories, which BEST describes you current employment status? (tick one box)

- [] Full-time employee [] Part-time employee
[] Self employed – not employing others [] Employer
[] Unpaid worker in family business [] Unemployed – seeking full-time work
[] Unemployed – seeking part-time work [] Not employed – not seeking employment

Are you an employee of either NSW DPI or a LHPA? [] yes [] no

Schooling

Have you SUCCESSFULLY completed any of the following qualifications?

- [] Yes [] No – go to next section

If YES, then tick ANY applicable boxes

- [] Bachelor degree or higher degree [] Advanced diploma or associate degree
[] Diploma (or associate diploma) [] Certificate IV (or advanced cert / technician)
[] Certificate III (or trade certificate) [] Certificate II
[] Certificate I [] Certificate other than the above

What is your highest COMPLETED school level? (tick one box only)

- completed year 12 completed year 11 completed year 10
- completed year 9 or equiv completed year 8 or lower did not go to school

In which YEAR did you complete that school level? _____

Language and cultural diversity

In which country were you born? Australia Other – please specify _____

Do you speak a language other than English at home? (If more than one language, indicate the one spoken most) No Yes – please specify _____

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

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait origin, tick both 'yes boxes) No Yes, Aboriginal Yes, Torres Strait Islands

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick the areas which apply (you can tick more than one)

- Hearing / deaf Physical Intellectual
- Learning Mental illness Acquired brain impairment
- Vision Medical condition Other _____

I certify that the above information is correct. I understand that it may for used for statistical purposes.

Reason for Study

Please tick one or more reasons

- To get a job [01] To develop my existing business [02]
- To start my own business [03] To try for a different career [04]
- To get a better job or promotion [05] It was a requirement of my job [06]
- I wanted extra skills for my job [07] To get into another course of study [08]
- For personal interest [09] For self-development [10]
- Other reasons [11]

Signature of student: _____ Date: _____

TOTAL COLLEGE COMPLIES WITH THE PRIVACY AND PERSONAL INFORMATION ACT 1998
Student Privacy Information on this form will be used by NSW DPI for student administration, program monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) or an authorised agency to meet legislative reporting requirements. It is necessary for you to provide this information for enrolment. Information provided will be held securely and disposed of securely when no longer needed. You may correct any personal details provided by contacting NSW DPI. An extended version of this statement is available on the NSW DPI website.

Office use only

Student no:	Receipt no:	Date rec'd:	Amount paid:	Notes:
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Total College National Provider number: 91166

I do not wish to receive information on NSW DPI education activities and related products.