



Australian Regional Training Services



National Provider No: 31837

ABN 20 439 596 165

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ENROLMENT FORM

PERSONAL DETAILS

USI:	<input type="text"/>	Verified	<input type="text"/>
Surname	<input type="text"/>	Phone	<input type="text"/>
Given Names	<input type="text"/>	Mobile	<input type="text"/>
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr	Email	<input type="text"/>
Address	<input type="text"/>	Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Date of Birth	<input type="text"/>	Age	<input type="text"/>
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Town/City of Birth	<input type="text"/>		

CULTURAL AND LANGUAGE DIVERSITY

Were you born in Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country of Birth, if not Australia	<input type="text"/>	
Permanent Resident of Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what is your nationality?	<input type="text"/>	
Language spoken at home	<input type="text"/>	
Are you:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and TSI <input type="checkbox"/> N/A	
Do you require assessment for Literacy and Numeracy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT STATUS

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Self-Employed–no staff	<input type="checkbox"/> Unemployed – seeking full time work
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part time work
	<input type="checkbox"/> Employed – unpaid	
Position Held/Job Role	<input type="text"/>	
Organisation's Name	<input type="text"/>	
Employer's Name	Address	<input type="text"/>
Phone		<input type="text"/>
Mobile	Email	<input type="text"/>
Reason for qualification Please circle/highlight ONE only	1 To get a job 2 To develop my existing business 3 To start my own business 4 To try for a different career 5 To get a better job or promotion	6 It was a requirement of my job 7 I wanted extra skills for my job 8 To get into a course or study 11 Other reasons 12 For personal interest or self development

PREVIOUS EDUCATION											
Are you still attending school		<input type="checkbox"/> Yes		<input type="checkbox"/> No							
If Yes , what Grade				Name of school							
If No , Highest School Level completed:								Year completed			
Other qualifications:											
WHO IS PAYING?											
<input type="checkbox"/> Self		<input type="checkbox"/> Employer		<input type="checkbox"/> Other							
Do you require a tax invoice		<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Employer						Contact name					
Email						Phone No.					
Payment by		<input type="checkbox"/> Credit card		<input type="checkbox"/> EFT		<input type="checkbox"/> Cash		<input type="checkbox"/> Purchase Order			
						Purchase order No:					
PAYMENT ADVICE											
Credit card		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa							
		Name on Card						Expiry Date			
		Card Number									
		Signature						CVN Number			
Date for processing											
COURSE DETAILS											
Course Code:		TAELLN411		Course Name:		Address adult language, literacy and numeracy skills					
Start Date				Finish Date							
Have you completed the Certificate IV in Training and Assessment?								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If there anything that you consider may prevent you from progressing through the training and assessment program e.g. physical, cultural, educational etc. Please contact Manager for personal interview.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I understand that I have the right to apply for RPL/RCC or Assessment Only								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I have been given access to the Course information								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I have supplied my resume - minimum requirement is most recent job description and responsibilities.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I have supplied my photo ID eg Drivers Licence								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I give ARTS permission to verify any information/certificates submitted as evidence. If at any time a document is proven false or misleading , the award given will be rescinded.								<input type="checkbox"/> Yes			
I give ARTS permission to contact me in matters relating to this program and future updates.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I give ARTS permission to utilise my assessment/s [evidence] for validation purposes.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I acknowledge that if I am issued a Statement of Attainment and/or Certificate I will not hold ARTS liable for any decisions or actions I may make/take thereafter.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I give ARTS permission to check my USI in relation to this course.								<input type="checkbox"/> Yes	<input type="checkbox"/> No		

DISABILITY / MEDICAL INFORMATION					
Do you consider yourself to have a disability, impairment or long-term condition? <i>If Yes, tick more than one if applicable.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing/Deaf	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acquired Brain Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intellectual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of medical conditions/allergies that we should be aware of:					

Do not complete if included in your supplied résumé

APPLICANT EMPLOYMENT HISTORY					
	EMPLOYER	Period of Employment	Position Held	Full / Part Time	Duties
1					
2					
3					

NB Information collected from this form will only be used for government reporting and compliance matters. ARTS will not disclose any information collected from this form to any third party without the participant's written permission.

I state that assessments completed are my own work.

ARTS will hold my certificate until fees have been paid in full.

*Replacement of certificates and/or statements of attainment will incur a fee and **no copies will be emailed.***

Disclaimer

The information contained within ARTS documents has been developed to assist the facilitator in presenting the program and the assessor to gather evidence regarding the competency of their participants. Although the information presented in ARTS documents is accurate to the best of our knowledge, ARTS cannot guarantee that every aspect is without flaw of any kind. Therefore, ARTS disclaim all liability for any errors, or for any loss or other consequences resulting from any individual relying on, or acting upon, any information provided by ARTS. When ARTS issues a certificate and/or Statement of Attainment, ARTS can only guarantee that the participant is competent at the time of assessment.

BY SIGNING THIS DOCUMENT, I HAVE ENTERED INTO AN AGREEMENT WITH ARTS
AND I UNDERSTAND THE RESPONSIBILITIES OF BOTH PARTIES

Signature:		Date:	/ /2017
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