

ENROLMENT FORM

This form can be filled out electronically, but must be printed out and signed as a true copy before submitting to All Australian Training
Please fill up the form in capital letter (Use Black or Blue pen).

| PERSONAL DETAILS | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: |
| Surname (Family Name) | First Name: | Middle Name: |
| Telephone: (work or home) Mobile: Email: | | |
| Home Address: | | |
| Suburb: | State: | Post Code: |
| Postal Address (if different to above): | | |
| Emergency Contact: (name and telephone number): | | |
| STATISTICAL INFORMATION | | |
| Country of Birth: (if not born in Australia): | | Place of Birth: |
| <input type="checkbox"/> Australian Citizen / Permanent Resident? | <input type="checkbox"/> Special Category Visa Holder (New Zealand Citizen) | |
| <input type="checkbox"/> Holder of Permanent Visa (as a permanent resident) | <input type="checkbox"/> East Timorese Asylum Holder | |
| <input type="checkbox"/> Temporary Protection Visa Holder | | |
| Language spoken at home (if not English): | How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Very Well <input type="checkbox"/> Not at all | |
| Are you Aboriginal or Torres Strait Island origin? (for persons of both Aboriginal and Torres Strait Origin tick both "Yes" boxes) <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Island | | |
| DISABILITY | | |
| Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other: | | |
| EMPLOYMENT STATUS (Please tick the one that best describes your employment status) | | |
| <input type="checkbox"/> Fulltime Employee | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Self Employed (not employing others) | <input type="checkbox"/> Employer | |
| <input type="checkbox"/> Unemployed - Seeking part time work | <input type="checkbox"/> Employed - Unpaid worker | |
| <input type="checkbox"/> work Unemployed - Seeking full time work | <input type="checkbox"/> Not Employed - Not seeking | |
| | <input type="checkbox"/> Other : | |
| EMPLOYER INFORMATION (If applicable) | | |
| Company name and Address: | | |
| Supervisor/Manager Name: | | |
| Work Telephone: | Email or Fax: | |

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| EDUCATION | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|---|---|--|
| <p>What is your highest completed School Level:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Year 12</td> <td style="width: 50%;"><input type="checkbox"/> Year 9 or equivalent</td> </tr> <tr> <td><input type="checkbox"/> Year 11</td> <td><input type="checkbox"/> Year 8 or Lower</td> </tr> <tr> <td><input type="checkbox"/> Year 10</td> <td><input type="checkbox"/> Did not go to School</td> </tr> </table> | | <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or Lower | <input type="checkbox"/> Year 10 | <input type="checkbox"/> Did not go to School | | | | |
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 9 or equivalent | | | | | | | | | | |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or Lower | | | | | | | | | | |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Did not go to School | | | | | | | | | | |
| <p>Are you still attending Secondary School <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In which Year did you complete secondary school:</p> | | | | | | | | | | | |
| <p>If you have SUCCESSFULLY COMPLETED any qualifications, which level/s was it at?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Certificate I</td> <td style="width: 50%;"><input type="checkbox"/> Diploma</td> </tr> <tr> <td><input type="checkbox"/> Certificate II</td> <td><input type="checkbox"/> Advanced Diploma</td> </tr> <tr> <td><input type="checkbox"/> Certificate III (or trade certificate)</td> <td><input type="checkbox"/> Bachelor Degree</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV</td> <td><input type="checkbox"/> Higher qualification</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other qualification (please specify below)</td> </tr> </table> | | <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Higher qualification | <input type="checkbox"/> Other qualification (please specify below) | |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma | | | | | | | | | | |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma | | | | | | | | | | |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Bachelor Degree | | | | | | | | | | |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Higher qualification | | | | | | | | | | |
| <input type="checkbox"/> Other qualification (please specify below) | | | | | | | | | | | |
| <p>Date (if known) of completion of any of the above qualifications:</p> | | | | | | | | | | | |
| <p style="text-align: center;">Do you have a Universal Student Identifier (USI) or Victorian Student Number (VSN) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | |
| USI number: | VSN number: | | | | | | | | | | |
| <p>Which of the following BEST describes your main reason for undertaking this course / traineeship / apprenticeship?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> To get a job</td> <td style="width: 50%;"><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> To try a different career</td> <td><input type="checkbox"/> To obtain extra skills for my job</td> </tr> <tr> <td><input type="checkbox"/> For self-development</td> <td><input type="checkbox"/> To get into another course of study</td> </tr> <tr> <td><input type="checkbox"/> To get a better job or promotion</td> <td><input type="checkbox"/> To start my own business</td> </tr> <tr> <td><input type="checkbox"/> It is a requirement of my current job</td> <td><input type="checkbox"/> To develop my existing business</td> </tr> </table> | | <input type="checkbox"/> To get a job | <input type="checkbox"/> Other | <input type="checkbox"/> To try a different career | <input type="checkbox"/> To obtain extra skills for my job | <input type="checkbox"/> For self-development | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To start my own business | <input type="checkbox"/> It is a requirement of my current job | <input type="checkbox"/> To develop my existing business |
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| <input type="checkbox"/> To try a different career | <input type="checkbox"/> To obtain extra skills for my job | | | | | | | | | | |
| <input type="checkbox"/> For self-development | <input type="checkbox"/> To get into another course of study | | | | | | | | | | |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To start my own business | | | | | | | | | | |
| <input type="checkbox"/> It is a requirement of my current job | <input type="checkbox"/> To develop my existing business | | | | | | | | | | |
| CONCESSION ELIGIBILITY (Proof of concession is required, attach to enrolment form) | | | | | | | | | | | |
| <p style="text-align: center;">Do you hold a concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No (please indicate which one/s) (Concession will only apply if you are a funded student under user choice or state funding arrangements)</p> | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Commonwealth Health Care Card; or dependent of person holding this card</td> </tr> <tr> <td><input type="checkbox"/> Pensioner Concession Card; or dependent of person holding this card</td> </tr> <tr> <td><input type="checkbox"/> Veteran's Gold Card</td> </tr> <tr> <td><input type="checkbox"/> Job Seeker registered with a Commonwealth Government Employment Services Provider</td> </tr> <tr> <td><input type="checkbox"/> Retrenched from employment since 1 Jan 2009 (evidence of termination will be required)</td> </tr> <tr> <td><input type="checkbox"/> None of the above apply to me</td> </tr> </table> | | <input type="checkbox"/> Commonwealth Health Care Card; or dependent of person holding this card | <input type="checkbox"/> Pensioner Concession Card; or dependent of person holding this card | <input type="checkbox"/> Veteran's Gold Card | <input type="checkbox"/> Job Seeker registered with a Commonwealth Government Employment Services Provider | <input type="checkbox"/> Retrenched from employment since 1 Jan 2009 (evidence of termination will be required) | <input type="checkbox"/> None of the above apply to me | | | | |
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| <input type="checkbox"/> None of the above apply to me | | | | | | | | | | | |
| COURSE SELECTION | | | | | | | | | | | |
| <p>If you know the course/qualification name you are enrolling in please write it below, otherwise the trainer or RTO representative will be able to tell you or complete this section on your behalf.</p> | | | | | | | | | | | |

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| | | | |
|--------------------------|--------------------------------------|--------------------------|---|
| <input type="checkbox"/> | CERTIFICATE II IN BUSINESS | <input type="checkbox"/> | CERTIFICATE II IN HOSPITALITY |
| <input type="checkbox"/> | CERTIFICATE III IN BUSINESS | <input type="checkbox"/> | CERTIFICATE II IN KITCHEN OPERATIONS |
| <input type="checkbox"/> | CERTIFICATE IV IN BUSINESS | <input type="checkbox"/> | CERTIFICATE III IN HOSPITALITY |
| <input type="checkbox"/> | CERT IV IN FRONTLINE MANAGEMENT | <input type="checkbox"/> | CERTIFICATE III IN COMMERCIAL COOKERY |
| <input type="checkbox"/> | CERTIFICATE II IN RETAIL SERVICES | <input type="checkbox"/> | CERTIFICATE IV IN COMMERCIAL COOKERY |
| <input type="checkbox"/> | CERTIFICATE III IN RETAIL OPERATIONS | <input type="checkbox"/> | DIPLOMA OF HOSPITALITY |
| <input type="checkbox"/> | DIPLOMA OF RETAIL MANAGEMENT | <input type="checkbox"/> | TAE40110 CERT IV IN TRAINING AND ASSESSMENT |
| <input type="checkbox"/> | DIPLOMA OF MANAGEMENT | <input type="checkbox"/> | TAELLN411 LANGUAGE, LITERACY AND NUMERACY |
| <input type="checkbox"/> | ADV DIPLOMA OF MANAGEMENT | <input type="checkbox"/> | FIRST AID |
| <input type="checkbox"/> | DIPLOMA OF BUSINESS | <input type="checkbox"/> | |

COURSE CREDIT OR RECOGNITION OF PRIOR LEARNING (RPL)

I wish to apply for course credit.

(Only applies if you have done the same units with another registered training organization and you can supply the nationally recognized qualification or statement of attainment)

YES

I wish to apply for RPL.

(Recognition of prior learning can apply if you think you have the experience and or qualifications in the same area or job outcome as the qualification you are applying for)

YES

TERMS AND CONDITIONS PERTAINING TO THIS ENROLMENT

- I have read AND understood the Privacy Notice stating how my personal information can be used and I have completed a Statutory Declaration (if applicable).
- I have been fully informed of the AAT Terms and Conditions as they relate to the following:
- I have read the appeals policy and understand the process if I wish to appeal my results
 - I have been fully informed about the qualification to be undertaken.
 - I have read and understand the refund policy

Training agreement

- I understand that I am responsible for my training and I agree with the following:
- I must complete a range of work necessary to gain competence
 - I must complete the work within the stated timeframes on the training plan or schedule
 - I must inform my employer if extra on the job training and assessment support is needed (**trainees and apprentices**)
 - I agree to work in a other work places (temporarily) if equipment is not available to gain competence
 - I agree to attend off site training and assessment to be conducted by the RTO
 - I agree to complete any work assessment documentation and keep up to date
 - I agree to attend meetings with the RTO as required
 - I agree to pay all fees applicable and agreed upon at enrolment (fee for service student) and that I will not receive a certificate or statement of attainment until such time as my account is paid in full
 - I agree to contact the RTO if there are any problems or changes to my circumstances that may affect my final results

Use of Digital Signature – Personal Identifier

I understand where I have opted to receive delivery and assessment services online, my email address or username will be determined to be my Digital Signature or Personal Identifier. This will indicate any work I submit through the online system or email or other electronic means is my own work.

By signing this enrolment form I agree to these terms and to any future terms relevant to my training.

If applying for a Government funded place you will need to provide at least one form of Identification and write the type and number opposite: (Driver license, passport, etc.)
If you do not have any identification you will need to get a statutory declaration completed and signed by the relevant person identifying you.

Your enrolment will not be accepted until you can provide identification.

Type of Identification:
Identification number:
Certified Copy attached:
 Yes No

RTO Representative declaration.
I have verified/sighted the Identification type and number (where relevant)
Please Initial:

Applicant Signature:

Date:

Referral Source: (how did you hear about us or your course)?

- Advertisement Existing customer Internet Job Services Australia Word of mouth
 Other (please specify):

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Applicant need to provide 100 points of identification on the day of training.

| Evidence of ID | Place a <input checked="" type="checkbox"/> Next to the documents you will be providing on the day | |
|--|---|----|
| Primary Documents <i>Only use ONE primary document.</i> | Passport (Australian/ International) that is current, or expired within the las 2 years but not cancelled | 70 |
| | Australian Birth Certificate or Birth Card issued by the Registrar of Births, Deaths and Marriages (minimum age 14 years) | 70 |
| | Australian Citizenship Certificate | 70 |
| Secondary Documents <i>Allowed to use a combination of secondary documents.</i> <i>If you want to use credit and savings account cards, these must be from different banks.</i> <i>If you want to use more than one utility bill, they must be from different utilities.</i> | Current NSW Firearm's License | 40 |
| | Current Australian Learner Driver's License | 40 |
| | Australian Defense or Police photo identification card | 40 |
| | Current Australian Driver's License | 40 |
| | Current Australian issued NCOC Photo License (post 2006) or High Risk Work License | 40 |
| | Current Australian State or Territory Proof of Age/Photo Card (eg NSW RTA issued) | 40 |
| | Current Australian Boat Operator's photo License | 40 |
| | Department of Veterans Affairs card | 25 |
| | Telephone account | 25 |
| | Moto vehicle registration or insurance documents | 25 |
| | Property lease agreement | 25 |
| | A Utility bill (eg water, electricity, gas) | 25 |
| | Centrelink card | 25 |
| | Credit cards/ savings accounts cards / bank statements | 25 |
| Medicare card | 25 | |
| Property (council) rates notice | 25 | |
| Total Point 100 | Your Total= | |