



STUDENT ENROLMENT FORM

Course name: _____ Course Date: ____/____/2020

About You	
First Name	Middle Name
Surname	
Unique Student Identifier # (Required for Certificate Issue)	
Employer	Position
Phone: Work Mob Fax Home	
Email address	
Postal Address	Street Address (if different)
City/Suburb	City/Suburb
State Postcode	State Postcode
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Town/City of Birth
Country of Citizenship (if not Australia)	Aust. Citizenship Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Aboriginal or Torres Strait Islander Origin	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Employment Status <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime <input type="checkbox"/> Self employed – Employing others <input type="checkbox"/> Unemployed	
<input type="checkbox"/> Self employed – Not employing others <input type="checkbox"/> Unemployed – Seeking fulltime work <input type="checkbox"/> Unemployed – Seeking parttime work	
Native Language (if not English):	
How well do you speak English: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Is English assistance required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest grade attained at School: 8 9 10 11 12	Year that you completed School:
Do you have any disabilities that may impact on your learning outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please tick <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	
<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision	
<input type="checkbox"/> Medical Condition <input type="checkbox"/> Other	
The highest level of post-secondary education achieved? <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Advanced Diploma	
<input type="checkbox"/> Diploma <input type="checkbox"/> Cert IV <input type="checkbox"/> Cert III <input type="checkbox"/> Cert II <input type="checkbox"/> Cert I <input type="checkbox"/> Miscellaneous Education	
Reason for studying now?	

Student ID Sighted by Trainer to verify Identity:	ID Type :
	Trainer Sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH — I am suffering from, or have suffered from, the following: Heart Condition High Blood Pressure
 Asthma Lung Disorder Skin Complaints Stress Vertigo Anxiety

Emergency Contact:	Phone:
Relationship <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Defacto/Partner <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother	

ACKNOWLEDGEMENTS

HEALTH — By signing this enrolment form I acknowledge that the Health Security Education course may involve practical work within conditions that may be stressful. I do not suffer from any of the above disorders or conditions that may inhibit my participation during the conduct of this course. I further acknowledge that in admitting me to the course, Health Security Education does not assess my physical or mental condition or preparedness for the course but relies on my statement above.

MEDIA – I authorise Health Security Education or the authorised co-provider to take my picture while training and in turn to use the picture in their media campaign. (Tick if you don't authorise)

USI – By signing this enrolment form I authorise Health Security Education to create if required, a USI on my Behalf. I also authorise Health Security Education to conduct a search on my USI should I have provided incorrect USI information or cannot recall my USI as issued.

RELEASE OF INFORMATION — I hereby give my permission to Health Security Education to release information about my training to the above employer for purposes. I understand that Health Security Education will email a copy of my Statement of Attainment/Certificate to the above company if requested.

PRIVACY NOTICE — I understand that under data provision requirements, Health Security Education is required to collect personal information about myself and my situation and disclose that information to the National Centre for Vocational Educational Research (NCVER).

STUDENT DECLARATION — By signing this enrolment form I acknowledge that I have read and agreed to the terms and conditions outlined in the Student Handbook.

I declare that the information I have provided to the best of my knowledge is true and correct.