



STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

DTW Designs (Qld) Pty Ltd Enrolment Form

Information contained in this document is utilised in accordance with DTW Designs (Qld) Pty Ltd Privacy Policy

Personal Details (Please choose by placing an X in the boxes that apply to you)

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		
Surname:					
Given Names:					

Unique Student Identifier (USI). We offer the option of you authorising the RTO to request a USI on your behalf. To facilitate this, we need to capture the following information: Your preferred Contact Method, Your Town/City of Birth and one form of verifiable Identification which may be a Passport, Driver's Licence, Medicare Card etc.

If you have a USI add it. If you want the RTO to apply, tick the Request USI.	USI:		Request USI: <input type="checkbox"/>
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Contact Details (Preferred Contact Method is used for Unique Student Identification System if you requested.)

Preferred Contact Method:	Mobile: <input type="checkbox"/>	Email: <input type="checkbox"/>	Post: <input type="checkbox"/>
Phone: (Home)		Phone: (Work)	
Mobile:		Fax:	
Email:			

Home Address

Address:			
Suburb:			
State:		Postcode:	

Mailing Address (Complete this section only if your mailing address is different to your home address)

Address:			
Suburb:			
State:		Postcode:	

List at least ONE form of ID (e.g. Driver's License). The Instructor or Admin Staff to sight ID.

ID Type	ID #	ID Sighted (Instructor / Admin to sign)

Indigenous Status (Please choose by placing an X in the boxes that apply to you)

<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

1. Employment Status

Employment Status: (Please choose by placing an X in the boxes that apply to you)

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in 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

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2. Disability Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Do you suffer from any physical / mental disability that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Question 3			
Disability, Impairment or Long-Term Condition			
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Not Specified
3. Language and Literacy <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Are you an Australian Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, what is your town/city and country of birth?			
Is English your First Language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, what language do you usually speak?			
Do you require assistance with English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need any additional support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify:			
4. Education <i>(Please choose by placing an X in the boxes that apply to you)</i>			
What is your highest level of education COMPLETED?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Have you completed any other courses / qualifications? (Specify Below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Qualification Selection <i>(Please choose by placing an X in the boxes that apply to you)</i>			
I am applying for the following course:			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am applying for RPL/RCC for the following course:			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Declaration

I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to DTW Designs (Qld) Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

Name:

Signature:

Date:

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