

PARTICIPANT ENROLMENT FORM (USE CAPITALS)

PARTICIPANT DETAILS

Participant's Name: _____

Address Details: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (Home) _____ (Mob) _____ Date of Birth: __/__/____

Email Address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

Unique Student Identifier (USI *see note below): _____

White Card Number: _____

COURSE ENROLMENT

Course Name: _____

EMPLOYMENT STATUS

Of the following categories, which BEST describes your current employment status?

- Full time Employee Unemployed
 Part time Employee Employer

EMPLOYER DETAILS (IF APPLICABLE)

Business Name: _____ ABN: _____

Nature of Business: _____ Approx. No. of employees: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone: _____ Fax: _____

CULTURAL BACKGROUND

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If no what was your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

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

Do you require any language, literacy or numeracy assistance? Yes No

EDUCATION

What is your highest COMPLETED school level?

- Year 9 or lower Year 10 Year 11 Year 12

In which YEAR did you complete that school level? _____

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate Advanced/Technician Certificate
- Other Certificate Associate Diploma
- Undergraduate Diploma Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? _____

DISABILITY

Do you consider yourself to have a permanent disability? Yes No

If YES, tick ANY applicable boxes:

- Visual/Sight/Seeing Physical Chronic Illness
- Hearing Intellectual Other

If you require assistance for a disability, please give details: _____

RECOGNITION OF PRIOR LEARNING

Are you seeking Recognition of Prior Learning? Yes No

FEES POLICY (PLEASE READ CAREFULLY)

NOTE: Traineeship clients do not attract fees; these are negotiated with your employer. Other participants should see Course Information for further details.

ACKNOWLEDGEMENT AND CONSENT

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook. My workplace supervisor has been provided with an AlertForce Participant Handbook. This handbook is available as a download document on <http://alertforce.com.au/ohs-resources/> website as required.

I give permission for AlertForce Pty Limited to discuss my training progress and results with my employer, ASQA, Department of Education and other appropriate people as deemed necessary by AlertForce Pty Limited.

I give permission for AlertForce Pty Limited to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for AlertForce Pty Limited to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO: service@alertforce.com.au