

## Student Enrolment Form

### Applicant Details:

<b>Title:</b>		<b>First Name:</b>		<b>Surname:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary gender			<b>Birth Date:</b>	
<b>Phone Number:</b>			<b>Email:</b>		
<b>Home address:</b>					
<b>Postal address:</b>					

### Unique Student Identifier

<b>USI Number:</b>	
--------------------	--

### Course details:

<b>Course Code:</b>	
<b>Location of training:</b>	
<b>Date of Training:</b>	

<b>Have you trained with IOET before?</b>	<input type="checkbox"/> Yes – Only update details beyond this point that have changed and sign declaration (over) <input type="checkbox"/> No / Not sure – Complete all sections and sign declaration (over)
-------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Personal details:

<b>Are you an Australian:</b>	<input type="checkbox"/> Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Visa Holder	<b>If a Visa holder, is it:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>Which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other Country (Please specify):		
<b>Do you speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is most spoken)	<input type="checkbox"/> No English only	<input type="checkbox"/> Yes (please specify):	
<b>Are you of Aboriginal or Torres Strait Islander origin? (tick one)</b>			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
<b>Do you identify yourself as having a disability? (Please tick)</b>			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Hearing/Deaf	
<input type="checkbox"/> Yes, Intellectual		<input type="checkbox"/> Yes, Vision	
<input type="checkbox"/> Yes, Learning		<input type="checkbox"/> Yes, Physical	
<input type="checkbox"/> Yes, Medical		<input type="checkbox"/> Other e.g Acquired Brain Injury (ABI)	
<b>Please specify:</b>			

<b>What is your highest COMPLETED school level? (Tick ONE box only.)</b>					
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school			
<b>In which YEAR did you complete school?</b>					
<b>Have you successfully completed any of the following qualifications? If yes, in what country was this completed?</b>					
<input type="checkbox"/> No <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma <input type="checkbox"/> Yes - Certificate IV (or equivalent)	<b>Aust</b>	<b>Other</b>	<input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above	<b>Aust</b>	<b>Other</b>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Of the following categories, which best describes your current employment status?</b>					
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer		<input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment			
<b>Of the following categories, which best describes your main reason for undertaking this course? (Tick ONE box only.)</b>					
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons			

**Your Personal Statement:**

<b>Do you have adequate literacy and numeracy skills to do the course?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
<b>Are there any individual needs you have that we should be aware of:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

If yes, please provide us a little more information:

**Enrolling Student Declaration**

By signing this form, I certify that the information provided is true and correct. I also confirm that I have been provided a copy of, or been informed on how to access the following information which is available from [www.ioet.com.au](http://www.ioet.com.au):

- Unit of competency to be completed and the training and assessment services to be undertaken
- Schedule of Fees and Payments which includes information about the refund policy.
- Student Handbook that outlines my rights and obligations.

Sign: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Note:**  If you're under 18 years of age, attach the IOET consent form signed by your parent/legal guardian giving you permission to enrol.  The Institute of Education and Training may require you to provide proof of identification.