



## Participant Enrolment Form 2017

### Participant Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female  Other      USI: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P'Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P'Code: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ (mob): \_\_\_\_\_

Date of Birth: (day/Month/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City of birth: \_\_\_\_\_

Email: \_\_\_\_\_  I wish to be subscribed to the Monthly Newsletter

Secondary Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel No: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Course Enrolment

Course Code:

Course Title:

Course Start Date:  Course End

Short Courses:

Unit Code	Commencing	Unit Name

## Employment Status

- Of the following categories, Which BEST describes your current employment status

- |   |  |
|---|--|
| <input type="checkbox"/> Full time Employee                   | <input type="checkbox"/> Employed - unpaid family worker       |
| <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 |

## Cultural Background

Are you of Aboriginal Origin?  Yes  No      Torres Strait Islander?  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 8 or below  Year 9 or equivalent  Year 10 or Equivalent  Year 11 or equivalent  
 Year 12 or equivalent **Never attended school**

Are you still attending secondary School?  Yes  No

In which YEAR did you complete that school level? \_\_\_\_\_ (IE: 1988, 2001)

Where did you complete that school level? \_\_\_\_\_ (IE: Name of School)

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

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher            | <input type="checkbox"/> Certificate IV                       |
| <input type="checkbox"/> Advanced Diploma or associate degree | <input type="checkbox"/> Certificate III or Trade Certificate |
| <input type="checkbox"/> Diploma (or associate Diploma)       | <input type="checkbox"/> Cert II                              |
| <input type="checkbox"/> Certificates other than above        | <input type="checkbox"/> Cert I                               |

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 ALL applicable boxes:

- |  |  |  |
|--|--|--|
| Visual/Sight/Seeing <input type="checkbox"/> | Medical Condition <input type="checkbox"/> | Intellectual <input type="checkbox"/>              |
| Hearing/ Deaf <input type="checkbox"/>       | Mental Illness <input type="checkbox"/>    | Acquired Brain Impairment <input type="checkbox"/> |
| Physical <input type="checkbox"/>            | Learning <input type="checkbox"/>          | Other <input type="checkbox"/>                     |

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

## Reason For Study

- |  |  |
|--|--|
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> I wanted extra skills for my job    |
| <input type="checkbox"/> It was a requirement of my job            | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> Other                               |

## Recognition of Prior Learning

Are you seeking Recognition of Prior Learning? Yes  No

If yes please speak to our course co-ordinator about our RPL Kit.

## Credit Transfer

Are you seeking a credit transfer? Yes  No

The information you have provided will remain private and confidential.

## Fees Policy

**NOTE:** Refer to Participants Handbook for our fees policy and cancellation policy.

## Authorisation confirmation

- I give permission for Mantra Training & Development Pty Ltd to discuss my training progress and results with appropriate people as deemed necessary by Mantra Training & Developments training, supervisory and HR staff.
- I acknowledge that I have read the above and understand the information provided.
- I agree to complete the Initial skills assessment as assess my level of LLN under the ACSF.
- I confirm that this information is true and correct.
- I acknowledge that I have read and understand the **Participants Handbook** and agree with terms and conditions of enrolment with Mantra Training & Development PTY LTD.
- I agree to Mantra Training and Development Creating, verifying or validating a USI (Unique Student identifier)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/2017

Please provide one valid [form of ID](#) from the list below:

- Driver's Licence Drivers Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
- Medicare Card Medicare Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
- Australian Passport Australian Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
- Visa (with Non-Australian Passport) for international students Visa Number: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa Effective Date \_\_\_\_\_  
Visa Expiry Date: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Country of Passport: \_\_\_\_\_
- Citizenship Certificate or ImmiCard
- Health Care Card Centrelink Reference number: \_\_\_\_\_ CRN Expiry Date: \_\_\_\_\_

## Third Party Authorisations (Fees being paid by organisation or other party)

Employer/Company Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (mob) \_\_\_\_\_ (Email) \_\_\_\_\_

Company order number (if applicable): \_\_\_\_\_ ABN: \_\_\_\_\_

Authorising officers Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Authorising officers Signature: \_\_\_\_\_

## Where to send your completed form and ID

### Mantra Training & Development PTY LTD

**Deliver to:** Shop 5, 2 O'Hanlon Federation Square, Nicholls ACT 2913

**Post to:** PO Box 977 Gungahlin A.C.T 2913

**Phone:** 02 6230 9439

**Fax:** 02 6230 9436

**Email:** [admin@mantratrainig.com.au](mailto:admin@mantratrainig.com.au)

**Web:** [www.mantratrainig.com.au](http://www.mantratrainig.com.au)

OFFICE USE ONLY			
<b>Unique Student Identifier</b>	<input style="width: 90%;" type="text"/>	<b>Student ID</b>	<input style="width: 90%;" type="text"/>
<b>Eligibility Requirements</b>		<b>Initials</b>	<b>Date</b>
Eligibility of Student Checked Against Funding Criteria	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
LLN Completed	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
LLN Evaluated	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Eligible for Traineeship	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Eligible for Skilled Capital	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Eligible for Fee Exemption	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Copy of Health Care Card on File	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Avetars	Training Plan Signed <input type="checkbox"/>	Commencement <input type="checkbox"/>	Completion <input type="checkbox"/>
<b>Data Entry</b>	<b>Completed By</b>	<b>Date</b>	
Enrolment	_____	_____	
Vettrak	_____	_____	
MYOB	_____	_____	