

OFFICE USE ONLY					
Date	Booking #	Receipt #	Course Code	Info Sent	Staff Initial

Personal Details

Mr / Mrs / Ms / Miss (Please circle one)

Surname: _____ 2nd Initial: _____ First Name: _____

Residential Address: _____ Suburb: _____ P/Code: _____

Postal Address: _____ Suburb: _____ P/Code: _____

Home Phone: _____ Mobile Phone: _____ Fax Number: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

Are you of Aboriginal or Torres Straight Islander Origin? Aboriginal Torres Straight Islander Neither

In which Country were you born? _____ Are you an Australian Citizen? Y / N

Do you speak a language other than English at home? Y / N If Yes, which language? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Contact Number 1: _____ Contact Number 2: _____

Where did you hear about us?

- Television Radio Brochure Stand Website Mail Out
 Other, please specify: _____

Would you like to join our Mailing List to receive information on our up and coming Courses? Y / N

Education & Employment Details

Are you still attending school? Y / N If No, in which year did you leave school? (e.g. 1999) _____

Highest Level Completed? (e.g. Yr 9) _____ Where did you complete your studies? _____

What is the highest level of qualification that you have successfully completed? (Please tick)

- Diploma Advanced Diploma Bachelor Degree or Higher Certificate I
 Certificate II Certificate III Certificate IV

Which best describes your current employment status? (Please tick)

- Full Time Employee Part Time Employee Employer Self Employed — not employing
 Employed — unpaid family worker Unemployed seeking full time employment
 Unemployed seeking part time employment Not employed — not seeking employment

Employer: _____ Position: _____

Work Phone: _____ Work Mobile: _____ Fax Number: _____



