

SHORT COURSE ENROLMENT FORM

Please choose the course you want to enrol : (Tick the box)	
Course Code and Name	Tick
HLTAID004 Provide an Emergency First Aid response in an Education and Care Setting	<input type="checkbox"/>
HLTAID003 - Provide first aid	<input type="checkbox"/>
22300VIC - Course In First Aid Management Of Anaphylaxis	<input type="checkbox"/>
22282 VIC - Course in the Management of Asthma Risks and Emergencies in the Workplace	<input type="checkbox"/>
HLTAID001 - Provide Cardiopulmonary Resuscitation	<input type="checkbox"/>
SECTION A: PERSONAL DETAILS	
Title	
Given Name (s)	
Family Name / Surname	
Date of Birth: Date/Month/Year	/ /
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
USI Number if available	

SECTION B: ADDRESS DETAILS	
i. RESIDENTIAL ADDRESS	
Number and Street:	Town/Suburb:
State:	Postcode:
ii. POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)	
Number and Street or PO Box:	Town/Suburb:

State:	Postcode:
iii. CONTACT INFORMATION	
Home Phone No:	Work Phone No:
Mobile Phone No:	Email:
SECTION C: EMERGENCY CONTACT DETAILS	
Contact Name:	Relationship to you:
Phone No:	Mobile Phone No:
SECTION D: CITIZENSHIP / CULTURAL DIVERSITY	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes; more than one language is spoken at home Please specify the one that is spoken most often: _____
How well do you speak English? (Tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all

Were you born in Australia? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If No: Please specify which country: _____ Please specify year of arrival in Australia: _____
Status of Citizenship	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Holder of Permanent Resident Visa <input type="checkbox"/> Holder of a Temporary Protection Visa <input type="checkbox"/> Holder of Special Category Visa (New Zealand subclass 444) <input type="checkbox"/> East Timorese Asylum Seeker

Are you an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No, Neither Aboriginal nor Torres Strait Islander
SECTION E: MEDICAL DETAILS	
Do you consider yourself to have a disability, impairment or long term medical condition?	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other, please specify <hr/>
If so, do you require special assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F: PREVIOUS QUALIFICATIONS ACHIEVED	
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes - If YES, tick appropriate boxes below
<input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Cert IV (Advanced Cert Technical)	<input type="checkbox"/> Cert III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other <hr/>

SECTION G: MARKETING SOURCE	
How did you find out about this course? (Please select one)	
<input type="checkbox"/> Information Week /Session <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Television advertisement <input type="checkbox"/> Radio advertisement	<input type="checkbox"/> Website <input type="checkbox"/> Flyer / Brochure <input type="checkbox"/> Friend <input type="checkbox"/> Other

SECTION H: EMPLOYMENT STATUS	
Of the following categories, which best describes your current employment status?	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Employed – unpaid worker in a 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
SECTION I: SECONDARY SCHOOL EDUCATION	
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest completed school level?	
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school

SECTION J: REASON FOR STUDY	
Of the following categories, which best describes your main reason for undertaking this course.	
<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"/> Career change <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Personal interest / Self development <input type="checkbox"/> Other reasons

Student Enrolment Declaration and Agreement:

I, _____ the undersigned, declare and agree as follows:

1. I agree to pay the fees owing
2. That the information entered on this form is, to the best of my knowledge, true, correct and complete.
3. While a student at Advanced Training Institute, I agree to be bound by the code of conduct, policies and procedures of Advanced Training Institute while I remain an enrolled student.
4. I agree to comply with any and all reasonable instructions given to me by staff members of Advanced Training Institute.
5. I have received a copy of the Student Handbook and Course Outline
6. I agree to give my details to the trainer (telephone number, email address) so they can contact me for support during my study period.
7. I agree that ATI can take photos and record classes in which I participate, and I agree that they can use these photos for promotional purposes and the recorded sessions will be used for training Purposes at ATI.
8. I acknowledge that Advanced Training Institute collects student information and as a condition of registration provides this data under AVETMISS. Collection under AVETMISS Release 6.1 is governed by a set of protocols agreed by the Ministerial Council for Tertiary Education and Employment. The key principles of the protocols relate to the need for transparency in processes and access to information about vocational education and training.
9. In particular, the protocols aim to:
Provide access to as much information as possible to stakeholders, consistent with the protection of an individual's and their employer's privacy (consistent with the Information Privacy Principles under the Privacy Act of 1988) and subject to the protection of commercial-in-confidence training provider information ensure the processes used to access the data will be transparent and publicly available to contributors of data and other stakeholders.
10. I declare that I do / do not have any existing condition or injury which may prevent me from either participating in learning and assessment at Advanced Training Institute or performing functions associated with vocational placement. I agree to provide full details of any such limitations to Advanced Training Institute staff.
11. I understand that all personal information collected by ATI is confidential and may be made available for the relevant Commonwealth and State agencies. This information includes personal and contact details, course enrolment details and changes. I may authorize a third party to access records on my behalf contacting ATI Student Services Officer in writing.
12. I understand that at the end of my enrolment I will receive a statement of attainment/Certificate at no extra charge.

Applicant's Signature: _____

Date: _____

RTO Representative Staff: _____ Signature: _____ Date: _____