



<b>Personal Details</b>			
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:
First name:		Middle name/s:	
Home phone:	( )	Work:	( )
Mobile:		Email:	
Unique Student Identifier (USI), if known:			
What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
<b>Enrolment Details</b>			
Qualification/ Course:			
Preferred start date:	2015: 6 July, 14 Sept, 23 Nov <i>[Separate date may be arranged upon confirmation]</i>		
Delivery mode:	Face to Face / Blended (Tutorial + Online) / Worksite		
<b>General Information</b>			
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
2. Have you ever studied with OTTC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify: _____	
4. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - Go to question 6 <input type="checkbox"/> Yes, other, please specify: _____		
5. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
6. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		



	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
7. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long term condition. (tick as many as apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 8  <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
8. What is your highest COMPLETED school level (tick one box only)	<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 – Go to question 11
9. In which YEAR did you complete that school level?	
10. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Previous qualifications</b>	
11. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – indicate below <input type="checkbox"/> No – Go to Question 12
<i>If YES, then tick ANY applicable boxes (you may indicate more than one)</i>	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) <input type="checkbox"/> Certificates other than these	
Please list any qualifications you have completed and the year of completion.	1. _____ Year: _____
	2. _____ Year: _____
	3. _____ Year: _____
12. Do you wish to apply for National Recognition or Credit Transfers? If YES, certified copies of transcripts from previous qualifications must be provided with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you wish to apply for Recognition of Prior Learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment**

Of the following categories, which BEST describes your current employment status? (tick one box only)

<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

**Study reason**

Of the following categories, which BEST describes your main reason for undertaking this course?

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



Employment Details			
Employer's name:	legal		
Your position:			
Business address:			
			Postcode:
Postal address: (if different from above)			
			Postcode:
Phone:	( )	Fax:	( )
Email:			
Supervisor:		Position:	

Next of kin/emergency contact			
Name:		Relationship to you:	
Address:			
			Postcode:
Home phone:	( )	Work:	( )
Mobile:		Email:	

Agreement	
<p>In signing this Enrolment Form you agree:</p> <ul style="list-style-type: none"> <li>• That the information you have provided on this form is true, correct and complete.</li> <li>• That you have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.</li> <li>• That you have read and understood OTTC's Information Privacy Policy.</li> <li>• That you have been provided with detailed information about the fees and charges associated with your course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.</li> <li>• To provide OTTC with up to date and accurate contact details and notify them if anything changes.</li> <li>• To be bound by OTTC's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.</li> </ul>	

Student Signature:		Date:	/ /
Printed Name:			
If the student is under 18 years of age:			
Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /