



Australian YMCA Institute of Education and Training ENROLMENT FORM

ZTR.006 06/05

Return to: P.O. Box 669, Spring Hill Qld 4004

PERSONAL DETAILS

1. Mr / Mrs / Ms / Miss - (please circle)
2. Family Name: _____ Given Name: _____
3. Residential Contact Details:
Address: _____
_____ Post Code: _____
Telephone: _____ Mobile: _____
Email: _____
4. Employment Organisation & Contact Details:
Organisation _____
Postal Address: _____
_____ Post Code: _____
Telephone: _____ Facsimile: _____ Email: _____

COURSE DETAILS

5. Course Name: _____
6. Commencement Date: _____
7. Please indicate how you found out about the course:

DATE OF BIRTH

8. Date of Birth: _____
Day Mth Yr

SEX

9. Sex (tick one box) Female Male

ETHNICITY

10. Were you born in Australia? YES NO
11. Are you of Aboriginal or Torres Strait Islander Origin? YES NO
12. If NOT born in Australia, in which country were you born? _____

LANGUAGE

13. Is English your main home language? (tick one box) YES NO

If NO, please specify the language spoken. _____

14. English Proficiency-How well do you speak English (tick one box)

Very well Not well
Well Not at all

Australian YMCA Institute of Education and Training

ENROLMENT FORM

DISABILITY

15. Do you consider yourself to have a permanent and significant disability? (tick one box)

- YES NO NOT STATED

If YES, tick ANY applicable boxes:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> VISION/SIGHT | <input type="checkbox"/> CHRONIC ILLNESS |
| <input type="checkbox"/> HEARING/DEAF | <input type="checkbox"/> LEARNING |
| <input type="checkbox"/> PHYSICAL | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> INTELLECTUAL | <input type="checkbox"/> ACQUIRED BRAIN IMPAIRMENT |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> MEDICAL CONDITION |

SCHOOLING

16. What is your highest COMPLETED school level? (tick one box)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> YEAR 12 | <input type="checkbox"/> YEAR 11 |
| <input type="checkbox"/> YEAR 10 | <input type="checkbox"/> YEAR 9 OR LOWER |
| <input type="checkbox"/> NOT STATED | |

17. In which YEAR did you complete that school level? _____

18. Are you still attending secondary school? (tick one box) YES NO

PRIOR EDUCATION

19. Since leaving school, have you COMPLETED any qualifications? YES NO

If YES, tick ANY applicable boxes:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFICATE I | <input type="checkbox"/> DIPLOMA |
| <input type="checkbox"/> CERTIFICATE II | <input type="checkbox"/> ASSOCIATE DIPLOMA |
| <input type="checkbox"/> CERTIFICATE III | <input type="checkbox"/> ADVANCED DIPLOMA |
| <input type="checkbox"/> CERTIFICATE IV | <input type="checkbox"/> UNDERGRADUATE DIPLOMA |
| <input type="checkbox"/> TRADE CERTIFICATE | <input type="checkbox"/> BACHELOR OR HIGHER |
| <input type="checkbox"/> ADVANCED / TECHNICIAN CERTIFICATE | <input type="checkbox"/> CERTIFICATE OTHER THAN ABOVE |

EMPLOYMENT

20. Of the following categories, which BEST describes your current employment status? ENTER CODE

- | | |
|---|--|
| (01) FULL-TIME EMPLOYEE | (02) PART-TIME EMPLOYEE |
| (03) SELF EMPLOYED - NOT EMPLOYING OTHERS | (04) EMPLOYER |
| (05) EMPLOYED - UNPAID FAMILY WORKER | (06) UNEMPLOYED - SEEKING FULL-TIME WORK |
| (07) UNEMPLOYED - SEEKING PART-TIME WORK | (08) NOT EMPLOYED - NOT SEEKING EMPLOYMENT |
| (08) NOT STATED | |

I am aware that I am enrolling in a training program that has strict timeframes for completion.
 I understand that if I do not complete all components of this training program within this timeframe, I must pay additional fees to complete the training program. (Traineeships are excluded)
 I have been issued with the YMCA Institute of Education and Training Student Handbook and have understood the policies and procedures contained within.

SIGNATURE

DATE