



ENROLMENT FORM

Unique Student Identifier (USI – www.usi.gov.au)									
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Esperance Training & Assessing can be prevented from issuing you a Statement of Attainment / Certificate of Competency when you complete your course if you do not provide your Unique Student Identifier (USI)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Date of Birth	
First Name		Middle Name	
Surname		Drivers licence Number	

Phone number		Email address	
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Postal Address			
Suburb		Postcode	
Residential Address ('as above')			
Suburb		Postcode	

Referred by	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Internet	<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Other
Course	<input type="checkbox"/> MC	<input type="checkbox"/> HR	<input type="checkbox"/> HC	<input type="checkbox"/> EWP <input type="checkbox"/> FL
	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> Hourly lessons			
Medical Conditions	Students must present to Courses fit for duty as per normal workplace procedures. Any prescription medication must be brought with you for ETA, Trainers to confirm side effects, as per ETA Training Terms and Conditions.			
	<input type="checkbox"/> I have medical conditions that requires medication and have informed ETA			
Individual Requirements	To customise your training, it is important that we are informed of any special considerations you may have regarding health, learning, language, literacy, numeracy, work hours or training and assessment arrangements. Please note below and discuss arrangements with your trainer.			

Company Enrolments: Please note to enrol more students attach extra page/s to this form			
Company name		Field	
Company Address	Suburb	Postcode	
Contact name		Phone	
E-mail address			
Purchase order	Number	ABN	

Learner's Permit requirements for MC training only			
Do you have your DOT learners permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	I need advice on this	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner's Permit Class	<input type="checkbox"/> MC	Date of Birth:	
Learner's Permit Number	(Same as Driver's Licence)		
Permit Expiry Date			



Previous Experience: If you are enrolling in a 1 day course you must be able to prove your experience

Proof ☐ Letter from employer/s ☐ Resume ☐ Log Books ☐ Other _____
 Documents attached ☐ Yes ☐ No

Student database and training competencies

From time to time we have companies seeking suitably qualified personnel. Do you object to ETA Trainers divulging your professional information to other companies seeking employees?

- ☐ Yes I object and do not wish to have my details given out
☐ No I agree to and am happy with ETA Trainers using those details

Name: _____ Signature: _____

Additional services

- ☐ I would be interested in receiving ETA Trainer's E-Newsletter
☐ I would like to discuss and/or book other courses available to me at ETA Trainers

VET Provider Information

This information is compulsory. ETA Trainers report this information to the Training Accreditation Council

In which country were you born: _____

Do you speak a language other than English at home ☐ Yes ☐ No

Are you of Aboriginal or Torres Strait Islander origin ☐ Yes ☐ No

Do you consider yourself to have a Disability/Impairment ☐ Yes ☐ No

What is your highest completed school level: Year 8 / 9 / 10 / 11 / 12 / NA

In which year did you complete that level: _____

Have you successfully completed any of the following qualifications?

- ☐ Certificate I ☐ Certificate II ☐ Certificate III or Trade ☐ Certificate IV
☐ Diploma ☐ Adv Diploma or Assoc. Degree ☐ Bachelor or Higher Degree

What is your current employment status:

- ☐ Full time ☐ Part time ☐ Self-employed ☐ Employer ☐ Employed- unpaid worker in family business ☐ Unemployed – seeking work

Which best describes your reason for undertaking this study:

- ☐ To get a job ☐ Develop existing business ☐ Start own business ☐ Different career ☐ Gain a better job ☐ Job requirement ☐ Extra skills for my job
☐ Get into more study ☐ Personal interest or self-development

Payment

<input type="checkbox"/> Deposit	Already paid <input type="checkbox"/> via	Date
<input type="checkbox"/> Full Payment	Already paid <input type="checkbox"/> via	Date

Training Agreement: Please read the ETA student handbook

I (name) _____
 have received a copy of the ETA Student Handbook, have read and understood and agree to abide by ETA Trainer's Training Conditions and Requirements.

Signature

Date