

USI			GENDER:	Please Tick [✓] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
FIRST NAME			MIDDLE NAME		
FAMILY NAME			DATE OF BIRTH	/ /	
RESIDENTIAL ADDRESS					
	SUBURB		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> Please tick [✓] - if your postal address is the same as above, or provide your postal address below				
ADDRESS					
	SUBURB		STATE		POST CODE
EMAIL (1)			EMAIL (2)		
TELEPHONE			MOBILE		
EMERGENCY CONTACT DETAILS / GUARDIAN OR PARENT					
FULL NAME			RELATIONSHIP		
TELEPHONE / MOBILE			EMAIL		
In the event of an emergency do you give REACH for Training permission to organise emergency transport and treatment (for example, ambulance if necessary) and agree to pay all costs associated with your emergency treatment/transport?			Please tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES		
COURSE / QUALIFICATION OF INTEREST					
CODE and TITLE					
LOCATION				START DATE	/ /
How did you hear about this course?	<input type="checkbox"/> Previous Learner <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> EXPO <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please specify) <input type="text"/>				
Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT) - if applicable					
Do you wish to apply for RPL / CT for any of the units of competency offered by REACH for Training? Please Tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, you will be contacted by a trainer/assessor, who will provide further information					
The following information is required so REACH for Training can report statistics (no names) to the State and Federal Governments					
SECONDARY EDUCATION — Please tick [✓] highest level achieved					
<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		In which YEAR did you complete that school level? _____ Are you still attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES
REASON FOR STUDY — Which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? Please tick [✓] only one					
<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"/> To try for a different career <input type="checkbox"/> To get a better job or promotion			<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons		

TERTIARY EDUCATION — Have you **SUCCESSFULLY** completed any of the following qualifications? If **YES**, please tick [✓] all applicable boxes

- | | |
|--|--|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Other education (including certificates or overseas qualification not listed above) |
| | <input type="checkbox"/> None |

EMPLOYMENT STATUS — Which **BEST** describes your current employment status? Please tick [✓] only one

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Apprenticeship / Traineeship
– (if applicable please provide employer name and contact details below)

_____ |
| <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"/> Self-employed – employing others | <input type="checkbox"/> Not employed – Not seeking employment | |

LANGUAGE AND CULTURAL DIVERSITY — Please tick [✓] relevant boxes

- | | |
|---|---|
| Are you of Aboriginal or Torres Strait Islander origin? | In which country were you born? |
| <input type="checkbox"/> No | <input type="checkbox"/> Australia |
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Yes, Torres Strait Islander | Main language spoken at home? <input type="text"/> |
| | Are you an Australian Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Are you a Permanent Australian Resident? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Are you a New Zealand Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES |

DISABILITY

- Do you consider yourself to have a disability, impairment or long-term condition? NO YES — If YES please tick [✓] the relevant boxes
- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Mental illness | |

LEARNER / TRAINEE'S DECLARATION

DECLARATION

- I understand that there is a cooling-off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources and other RTO property to REACH for Training in its original condition;
- I have read and understood the information set out in this application form, and by signing this application I agree to the terms and conditions relating to REACH for Training course fees, course requirements, policies and procedures on privacy, complaints, appeals, work health and safety, acceptable behaviour, and the other conditions set out in the Learner Handbook which is available for viewing our website <http://www.reachfortraining.com.au>
- I understand that, in compliance with relevant Australian State/Territory law, REACH for Training is required to provide statistical information about its Learners and, in some cases, personal information to relevant Government Departments for administration and research purposes;
- I declare that the information I have provided is true and correct, to the best of my knowledge. I have read, understood, and I accept the responsibilities and obligations for this arrangement.

Learner Signature

/ /

Date

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

/ /

Date

End of Document