



## Participant Enrolment Form (USE CAPITALS)

### Participant Details

Participant's Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_ Date of Birth: \_/\_\_\_/\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel No. \_\_\_\_\_ Relationship: \_\_\_\_\_

Unique Student Identifier (USI \*see note below): \_\_\_\_\_

ID Verified by: (Record D/L or Passport # etc.): \_\_\_\_\_

### Course Enrolment

Course Name: \_\_\_\_\_

### Employment Status

Of the following categories, which BEST describes your current employment status?

- Full time Employee  Employed - unpaid family worker  
 Part time Employee  Employer

### Employer Details (if applicable)

Business Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin?  Yes  No

Were you born in Australia?  Yes  No

If no what was your Country of Birth: \_\_\_\_\_

Do you speak a language OTHER THAN English at home?  Yes  No

If YES, which language do you usually speak? \_\_\_\_\_

How well do you speak English?  Very Well  Well  Not Well  Not at All

Do you require any language, literacy or numeracy assistance?  Yes  No

Did you complete this form yourself?  Yes  No

I have completed the on-line pre-course reading  Yes  No

## **Education**

What is your highest COMPLETED school level?

- Year 9 or lower       Year 10       Year 11       Year 12

In which YEAR did you complete that school level? \_\_\_\_\_

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate       Advanced/Technician Certificate  
 Other Certificate       Associate Diploma  
 Undergraduate Diploma       Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? \_\_\_\_\_

## **Disability**

Do you consider yourself to have a permanent disability?      Yes       No

If YES, tick ANY applicable boxes:

- Visual/Sight/Seeing       Intellectual   
Hearing       Chronic Illness   
Physical       Other

If you require assistance for a disability, please give details: \_\_\_\_\_

## **Recognition of Prior Learning**

Are you seeking Recognition of Prior Learning?      Yes       No

The information you have provided will remain private and confidential.

## **Fees Policy (please read carefully)**

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook. My workplace supervisor has been provided with an Traffic Management Training (TMT) Student Handbook. This handbook is available as a download document on <http://training-ohs.com.au/> website as required.

I give permission for Traffic Management Training (TMT) Pty Limited to discuss my training progress and results with my employer, ASQA, Department of Education and other appropriate people as deemed necessary by Traffic Management Training (TMT) Pty Limited.

I give permission for Traffic Management Training (TMT) Pty Limited to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for Traffic Management Training (TMT) Pty Limited to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Unique Student Identifier (USI) must be supplied to be recorded for qualification to be issued. To obtain a Unique Student Identifier (USI), google, "Create Your USI" For further information visit, <http://usi.gov.au/Training-Organisations/Documents/FactSheet-Student-Information-for-the-USI.pdf>**

PLEASE EMAIL COMPLETED FORM TO: <http://training-ohs.com.au/>