

Enrolment Form

Course
<input type="checkbox"/> First Aid (Childcare) HLTAID004 Provide an emergency first aid response in an education and care setting
<input type="checkbox"/> First Aid (General) - HLTAID003 Apply First Aid
<input type="checkbox"/> CPR Training Only - HLTAID001 Perform CPR

1) Enter your full name

Surname (Family Name) _____

Given Names _____

2) Date of birth

Day/Month/Year | _____

3) Gender: tick ONE box only

Male M

Female F

4) What is the address in which you usually live?

Number & Street _____

Suburb or Town or Locality _____

Postcode _____

5) What is your postal address (if different from above)?

Number & Street _____

Suburb or Town or Locality _____

Postcode _____

6) Please list your contact telephone numbers (if able)

Home number _____

Mobile number _____

7) Please list an emergency contact person (if able)

Full Name _____

Home number _____

Mobile number _____

8) Please list your email address (if able)

Email _____

9) In which country were you born?

Australia (1101) _____

Other - please specify _____

10) Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only (1201) _____

English only Go to Question 12

Yes, other - Please specify _____

11) How well do you speak English?

Very well	<input type="checkbox"/>	1
Well	<input type="checkbox"/>	2
Not well	<input type="checkbox"/>	3
Not at all	<input type="checkbox"/>	4

12) Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

13) Do you consider yourself to have a disability, impairment or long-term condition?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Go to Question 15

14) If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

Hearing/Deaf	<input type="checkbox"/>	11
Physical	<input type="checkbox"/>	12
Intellectual	<input type="checkbox"/>	13
Learning	<input type="checkbox"/>	14
Mental Illness	<input type="checkbox"/>	15
Acquired Brain Impairment	<input type="checkbox"/>	16
Vision	<input type="checkbox"/>	17
Medical Condition	<input type="checkbox"/>	18
Other	<input type="checkbox"/>	19

15) What is your highest COMPLETED school level? (Tick ONE box only.)

Year 12 or equivalent	<input type="checkbox"/>	12	
Year 11 or equivalent	<input type="checkbox"/>	11	
Year 10 or equivalent	<input type="checkbox"/>	10	
Year 9 or equivalent	<input type="checkbox"/>	09	
Year 8 or below	<input type="checkbox"/>	08	
Never attended school	<input type="checkbox"/>	02	If did not go to school - Go to Question 17

16) In which YEAR did you complete that school level?

[Click here to enter text.](#)

17) Are you still attending secondary school?

Yes No

18) Have you **SUCCESSFULLY** completed any of the following qualifications?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Go to Question 20

19) If **YES**, then tick **ANY** applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/>	008
Advanced Diploma or Associate Degree	<input type="checkbox"/>	410
Diploma (or Associate Diploma)	<input type="checkbox"/>	420
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	511
Certificate III (or Trade Certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Certificates other than the above	<input type="checkbox"/>	990

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

(Tick ONE box only)

Full-time employee	<input type="checkbox"/>	01
Part-time employee	<input type="checkbox"/>	02
Self employed - not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed - unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed - seeking full-time work	<input type="checkbox"/>	06
Unemployed - seeking part-time work	<input type="checkbox"/>	07
Not employed - not seeking employment	<input type="checkbox"/>	08

21) Of the following categories, which **BEST** describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only.)

To get a job	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
For personal interest	<input type="checkbox"/>	09
For self-development	<input type="checkbox"/>	10
Other reasons	<input type="checkbox"/>	11

Signed: _____ Date : _____