

SECTION 1: PERSONAL DETAILS	u applied for your UCL i	ncluding any	middla na	mos			
use the name that you used when you Family name (or if you have a single	u applied for your USI, i	ncluding any i	middle nai	mes			
name only, use this section)							
First name			1		_		
Middle name			Preferred	d name			
Date of Birth (DD/MM/YY)	/ /	Gender	☐ Male	Fe	male 0	ther	
Home phone number	()	W	ork phone	number	()		
Mobile phone number							
Email Address							
Preferred method of contact:	☐ Email	☐ Email ☐ SMS					
SECTION 2: ADDRESS DETAILS							
RESIDENTIAL ADDRESS (Where you u	sually reside rather than	n anv tempora	arv addres	s at which	vou reside for		
training)	sudity reside recite than	Turiy compon	11 y 444. 52	J dt Willen	you reside is		
Building/Property name			Flat/un	it details			
Street or lot number	Street name					,	
Suburb/locality or town		State/Terr	itory		Postcode		
POSTAL ADDRESS (if different to resid	dential)				_		
Building/Property name			Flat/un	it details			
Street or lot number	Street name						
Suburb/locality or town		State/Territory			Postcode		
SECTION 3: QUALIFICATION DETAIL	<u> </u>						
Qualification Code	.5						
Qualification Title							
Qualification Cost:							
Date training starts (DD/MM/YY)	/ /	Date trainin			/ /		
(DD/MIM/YY)	·	ena (DD/MIN	1/				
SECTION 4: Employment Details							
Business name							
Trading name							
ABN							
Contact person for							
Apprentice/Traineeship							
Phone		Email					
Apprentice/Trainee Supervisor							
Phone		Email					
Contact person for Tax Invoice							
Phone		Email					
Purchase Order no:							

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COMPANY POSTAL	ADDRESS (if dif	fferent to re	siden	ntial)								
Building/Property r	ame							Flat, deta	/unit ails			
Street or lot numbe	r		I	treet ame								
Suburb/locality or t	own					State/Te	erritory	Posto		Postco	ode	
SECTION 5: UNIQU	IE STUDENT ID	DENTIFIER	(If yo	u alrea	idy h	nave one)						
Unique student identifier (USI) (10 digits in total)												
If you do not have a USI do you give Natwide Training Australia permission to apply for												
one on your behalf	?									∐ No		Yes
To raise a USI we v	vill need one o	f the followi	ing pr	roof of I	dent	ity eviden	ces.					
Drivers Licence				Expiry		,	1		Sta	te of		
No:				Date:		/ /		Issu		ıe:		
Medicare Card					Exp	oiry	,	/		Ref		
No:					Da	te:	,	,		No:		
Name on Card:												
SECTION 6: I ANGU	AGE AND CUI	TURAI DIVI	FRSIT	ΓΥ								
In which country were you born? Australia Other – please specify:												
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 Yes, other – please specify												
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)				Yes, Aboriginal Yes, Torres Strait Islander No								
Are you visiting Australia on a Visa? (compulsory) Yes No If yes, what type of visa category do you hold? ———————————————————————————————————												
SECTION 7: DISABILITY												
Do you consider yourself to have a disability, impairment or long-term condition? If you have indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list (You may indicate more than one area, please refer to the Disability supplement for an explanation of the follow disabilities)												
Hearing/deaf Physical Intellectual Learning Mental illness Vision Acquired brain impairment Medical condition Other Wental illness Wision Acquired brain impairment												

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SECTION 8: EMPLOYMENT							
Of the following categories, which BEST describes your current employment status? (Tick ONE box only) For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).							
Full-time employee	Employed – unpai	d worker in a	family business				
Part-time employee	Unemployed – see						
Self-employed – not employing others	Unemployed – see						
Self-employed – employing others	Not employed – no	ot seeking em	ployment				
SECTION 9: PRIOR EDUCATION							
Are you still enrolled in secondary or senior secondary			1				
education?	□ No		Yes				
What is your highest COMPLETED school level? (Tick ONE	box only)						
(If you are currently enrolled in secondary education, the H							
level you have actually completed and not the level you ar	e currently undertaking. For e	example, if yo	u are currently				
in Year 10 the 'Highest school level completed' is Year 9.)							
	• —	ear 8 or below					
Year 11 or equivalent Year 9 or	equivalent N	ever attended	d school				
In which year did your complete school?							
Have you SUCCESSFULLY completed any of the following							
qualifications?		es – If yes, tick	boxes below:				
Bachelor degree or higher degree	Certificate III (or tr	ade certificat	e)				
Advanced diploma or associate degree	Certificate II						
Diploma (or associate diploma)	Certificate I	/* l l	1.C				
Certificate IV (or advanced certificate/technician)	Other Education						
	overseas qualification	is fiot list abo	ve)				
Do you wish to apply for Recognition of Prior Learning or	Credit Transfer?	☐ Yes	□ No				
Do you consider that you have the literacy and numeracy	skills to undertake the		п.,				
course?		☐ Yes	□ No				
Have you completed the Higher School Certificate (Y12 / F	☐ Yes	□ No					
Have you completed a prior nationally recognised trainin	g in Australia at least to the						
level of Certificate III?	0	☐ Yes	□ No				
Do you have any individual support needs that we can ass	_	_					
training? (e.g. language support needs, training needs, we	☐ Yes	□ No					
needs, financial support needs etc)							
If you answered yes to the previous question, please							
describe the types of support that would assist you with							
your studies.							
SECTION 10: STUDY REASON							
Of the following categories, select the one which BEST	describes the main reason	n you are un	dertaking this				
course/traineeship/apprenticeship? (Tick ONE box only)							
To get a job	It was a requireme						
To develop my existing business	I wanted extra skil						
To start my own business To get into another course of study							
To try for a different career	For personal intere						
To get a better job or promotion To get skills for community/voluntary Other reasons							

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SECTION 11: MARKETING AND	IMAGES								
11. 12		Existing Client	onsultant		☐ Other				
How did you hear about us?		Internet	mployer	Ο					
Natwide Training Australia may from time to time send you details about future training opportunities or offers. If									
you DO NOT wish									
to be contacted, please indicate below.									
I do not wish to be contacted regarding future training opportunities.									
During training, photos or footage may be taken of you. Do you give Natwide Training Australia									
permission to use these photos or footage for such things as improving training resources.									
promotional documents and re	ports?				No	Ye	!S		
SECTION 13: AUTHORITY TO E									
If you are enrolling in a course w									
Training Australia (e.g. DSD, CAS						provide	that		
entity with your personal and/o		•		•	-				
If your employer (including em	-		-	-					
Training Australia may provide a them. Sometimes employers re			_						
them. Joinetimes employers re	.quest iv	ativide Training Adottatia to p	novide triei	iii witii a copy oi	your c	Citilicat			
☐ I authorise Natwide Training	g Austra	lia to give my employer a copy	of the AQF	certification dod	cument	tation is	sued		
as result of my successful comp	letion o	f this course							
SECTION 14: STUDENT DECLARATION									
		have provided is, to the best o	of my know	ledge, true and	correct	t.			
 I declare that the information I have provided is, to the best of my knowledge, true and correct. I have reviewed the student Handbook supplied to me and have been informed about and accepted my 									
rights and obligations							_		
I have reviewed and accepted the Schedule of Fees and Payments and have been informed of the refund									
policy. • I have read, understood and agree to abide by Natwide Training Australia policies and procedures									
 I have read, understood and agree to abide by Natwide Training Australia policies and procedures. I have reviewed the Course Brochure and have been informed of and accept the training and assessment 									
services to be provided and the units of competency to be completed.									
I have reviewed the National VET Data Privacy Policy Notice provided in the student Handbook and									
acknowledge that Commonwealth and State or Territory government departments and authorised									
agencies will use my personal information in accordance with this notice.									
I authorise Natwide Training Australia to verify my USI number;									
In providing my USI, I confirm Natwide Training Australia is authorised to collect, use and disclose my									
student identifier for the purpose required under the Student Identifiers Act 2014.									
 I confirm I provide/do not provide media authorisation, under section 12 as indicated. 									
1				D. I.			,		
Learner signature				Date		1 1			
If you are under 18, you will need to get a parent or legal guardian to sign on your behalf:									
Parent/guardian signature				Date		1 1			