

SECTION 1: PERSONAL DETAILS			
use the name that you used when you applied for your USI, including any middle names			
Family name (or if you have a single name only, use this section)			
First name			
Middle name		Preferred name	
Date of Birth (DD/MM/YY)	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home phone number	()	Work phone number	()
Mobile phone number			
Email Address			
Preferred method of contact:	<input type="checkbox"/> Email <input type="checkbox"/> SMS		

SECTION 2: ADDRESS DETAILS					
RESIDENTIAL ADDRESS (Where you usually reside rather than any temporary address at which you reside for training)					
Building/Property name				Flat/unit details	
Street or lot number		Street name			
Suburb/locality or town			State/Territory		Postcode
POSTAL ADDRESS (if different to residential)					
Building/Property name				Flat/unit details	
Street or lot number		Street name			
Suburb/locality or town			State/Territory		Postcode

SECTION 3: QUALIFICATION DETAILS			
Qualification Code			
Qualification Title			
Date training starts (DD/MM/YY)	/ /	Date training due to end (DD/MM/YY)	/ /

SECTION 4: Employment Details			
Business name			
Trading name			
ABN			
Contact person for Apprentice/Traineeship			
Phone		Email	
Apprentice/Trainee Supervisor			
Phone		Email	

QUALIFICATION ENROLMENT APPLICATION FORM

POSTAL ADDRESS (if different to residential)					
Building/Property name		Flat/unit details			
Street or lot number		Street name			
Suburb/locality or town		State/Territory		Postcode	

SECTION 5: UNIQUE STUDENT IDENTIFIER (If you already have 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?					<input type="checkbox"/> No <input type="checkbox"/> Yes
To raise a USI we will need one of the following proof of Identity evidences.					
Drivers Licence No:		Expiry Date:	/ /	State of Issue:	
Medicare Card No:		Expiry Date:	/ /	Ref No:	
Name on Card:					

SECTION 6: LANGUAGE AND CULTURAL DIVERSITY	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____
Do you speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i>	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
Are you visiting Australia on a Visa? (compulsory)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please indicate as per below
If you have indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list <i>(You may indicate more than one area, please refer to the Disability supplement for an explanation of the follow disabilities)</i>	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning	<input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Medical condition _____

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).

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<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

SECTION 9: PRIOR EDUCATION

Are you still enrolled in secondary or senior secondary education? ☐ No ☐ Yes

What is your highest COMPLETED school level? (Tick ONE box only)
(If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the 'Highest school level completed' is Year 9.)

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Never attended school

In which year did you complete school? _____

Have you SUCCESSFULLY completed any of the following qualifications? ☐ No ☐ Yes – If yes, tick boxes below:

<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 qualifications not list above)

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 course? ☐ Yes ☐ No

Have you completed the Higher School Certificate (Y12 / HSC)? ☐ Yes ☐ No

Have you completed a prior nationally recognised training in Australia at least to the level of Certificate III? ☐ Yes ☐ No

Do you have any individual support needs that we can assist you with during your training? (e.g. language support needs, training needs, wellbeing needs, welfare needs, financial support needs etc) ☐ Yes ☐ No

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 you are undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get skills for community/voluntary work
	<input type="checkbox"/> Other reasons

SECTION 11: MARKETING AND IMAGES

How did you hear about us?	<input type="checkbox"/> Existing Client	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other
	<input type="checkbox"/> Internet	<input type="checkbox"/> Employer	
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.			
<input type="checkbox"/> 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 reports?			<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION 12: PAYMENT METHODS - if applicable

Credit Card Details (required to reserve a place on the course)			
MASTERCARD		VISA	
Card Holder Name:			
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date:		Card (CVC Code)	
Credit cards will not be charged without prior notification but <i>will</i> be charged upon the students' cancellation of their place on the course. (See cancellation policy)			
Tax invoice for Approved Existing Account Holders			
Company Name:		Purchase Order No:	

SECTION 12: CORE SKILLS ASSESSMENT (INITIAL)																										
Reading ACSF 3.03	<p>1. Read the paragraph below and answer the questions that follow.</p> <p>In warehouses and freight terminals across NSW, forklifts are used to lift, stack and transfer loads. WorkSafe NSW has a zero-tolerance approach to the unsafe use of forklifts, considered one of the most dangerous pieces of equipment found at NSW workplaces. To be effective, a forklift must be manoeuvrable. To achieve manoeuvrability, forklifts are designed to be compact, making them less stable than other vehicles and mobile plant. Forklifts have a range of limitations, from maximum load weight to speed. These factors affect the operator and the forklift itself.</p>																									
Writing ACSF 2.06	<p>2. Answer the following questions in your own words.</p> <p>a. Why does WorkSafe NSW have a zero-tolerance approach to the unsafe use of forklifts?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>b. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>																									
Numeracy ACSF a. 2.09 b. 3.03	<p>3. The table below shows the minimum braking distance for common forklifts.</p> <p>Use the information in the table to provide estimated answers to the following questions.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th colspan="6">Reaction distance and total stopping distance</th> </tr> <tr> <th>Speed (km/h)</th> <th>6</th> <th>12</th> <th>16</th> <th>18</th> <th>20</th> </tr> </thead> <tbody> <tr> <td>Distance travelled while driver reacts and applies brakes (m)</td> <td>2.5</td> <td>5</td> <td>6.7</td> <td>7.5</td> <td>8.3</td> </tr> <tr> <td>Maximum stopping distance (m)</td> <td>2.9-3.2</td> <td>7-8</td> <td>9.5-12</td> <td>11-14</td> <td>13-16.5</td> </tr> </tbody> </table> <p>a) What is the maximum stopping distance if the forklift is travelling at 20 km/h?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>b) Even at 6km/h, a forklift driver will take _____ metres to react and apply the brakes. He will need at least _____ metres to stop.</p>		Reaction distance and total stopping distance						Speed (km/h)	6	12	16	18	20	Distance travelled while driver reacts and applies brakes (m)	2.5	5	6.7	7.5	8.3	Maximum stopping distance (m)	2.9-3.2	7-8	9.5-12	11-14	13-16.5
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Digital Literacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Can you navigate operating systems (Windows, MacOS) to access files, programs and settings?</td> <td style="width: 15%; padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 15%; padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you use word processors (e.g. Microsoft Word)?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you use a basic spreadsheet (e.g. Excel, Google Sheets)?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you conduct basic internet browsing and online search?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you send and receive emails, and open and upload attachments?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you create, organise, and save files?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you use video conferencing tools (e.g., Zoom, Microsoft Teams)</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 5px;">Can you communicate via text message?</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		Can you navigate operating systems (Windows, MacOS) to access files, programs and settings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use word processors (e.g. Microsoft Word)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use a basic spreadsheet (e.g. Excel, Google Sheets)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you conduct basic internet browsing and online search?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you send and receive emails, and open and upload attachments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you create, organise, and save files?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use video conferencing tools (e.g., Zoom, Microsoft Teams)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you communicate via text message?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION 13: AUTHORITY TO EXCHANGE INFORMATION

If you are enrolling in a course which is licensed, accredited, endorsed or subsidised by an entity external to Natwide Training Australia (e.g. DSD, CASA,), you are providing your permission for Natwide Training Australia to provide that entity with your personal and/or training data, including course feedback, as required by that entity.

If your employer (including employment service provider or school) has paid your fees for this course, Natwide Training Australia may provide attendance data or other information relating to your participation in the course, to them. Sometimes employers request Natwide Training Australia to provide them with a copy of your certificate:

☐ I authorise Natwide Training Australia to give my employer a copy of the AQF certification documentation issued as result of my successful completion of this course

SECTION 14: STUDENT DECLARATION

- 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 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 13 as indicated.

Learner signature		Date	/ /
If you are under 18, you will need to get a parent or legal guardian to sign on your behalf:			
Parent/guardian signature		Date	/ /

ADMISSION CHECKLIST		
RTO Office Only		
Is LLN assessment required?	<input type="checkbox"/> Yes Referred to:	<input type="checkbox"/> No
Is student support indicated?	<input type="checkbox"/> Yes Referred to:	<input type="checkbox"/> No
Is an interview indicated?	<input type="checkbox"/> Yes Referred to:	<input type="checkbox"/> No
Is the training product suitable for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If applicable</i>	<i>Conversation with student regarding training product not being suitable and confirmation</i>	<input type="checkbox"/> Yes
Student details entered into VET Trak system.	<input type="checkbox"/> Yes	
Enrolment confirmation sent.	<input type="checkbox"/> Yes	
Has payment been received?	<input type="checkbox"/> Yes	Amount paid:
	<input type="checkbox"/> Yes	Receipt No:
USI verified?	<input type="checkbox"/> Yes	

Training scheduled to commence on the following date: _____

Notes: _____
