

use the name that ye			ied for	vour USL ir	cludi	ng anv r	niddle	names	3				
Family name (or if y name only, use this	you have a sing		.54 101	, 50. 50., 111	. 5.0011								
First name	·												
Middle name							Pre	ferred	name	9			
Date of Birth (DD/MM/YY)			/ /		Ge	Gender		Male	ale		ale		Other
Home phone number			( )		•	١	Work p	ohone	numb	er	( )		
Mobile phone number													
Email Address													
Preferred method of	of contact:		[	Email		SM	S						
SECTION 2: ADDR	RESS DETAILS	3											
RESIDENTIAL ADDR			/ reside	rather tha	n any	tempor	ary ad	dress a	t whic	ch you	reside	e for	
training) Building/Property n	name							Flat/u	ınit de	tails			
Street or lot number	er			Street nan	ne			•					
Suburb/locality or t	town		· · · · · · · · · · · · · · · · · · ·				State/ Territory			Postcode			
POSTAL ADDRESS	(if different to I	resident	tial)										
Building/Property n	name							Flat deta	/unit ails				
Street or lot number	er			Street				<u> </u>					
Suburb/locality or t	town			<b>'</b>	State/ Territory			Postcode					
SECTION 3: PROGR	RAM DETAILS												
Course Code:													
Course Name													
Start Date:	/ /				Е	nd Date	e:	/	/				
Course Cost:													
SECTION 4: UNIQU	IE STUDENT ID	ENTIFIE	D (If v	ou alreads	have	onal							
Unique student identi (10 digits in total)		ENTIFIE	K (II y	<u></u>	liave								
If you do not have a USI do you give Natwide Training Australia permission to apply for one on your behalf?						s							
To raise a USI we will ne	ed one of the follov	wing proof	of Identi	ity evidences.									
Drivers Licence			·	Expiry Da	ıte:	/	/		State	e of Issi	ue:		
No:						Date	,	,		D-C	Nai		
Medicare Card No:					Expiry	Date:	/	/		Ref	NO:		
Name on Card:													

SECTION 5: LANGUAGE AND CULTURAL DIVERSITY							
In which country were you born?	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 or ☐ Yes, other – pl	n only – 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, Aborigina Yes, Torres St		er				
Are you visiting Australia on a Visa? (compulsory)	Yes No If yes, what type of visa category do you hold?						
OFOTION O DIOADULTY							
SECTION 6: DISABILITY  Do you consider yourself to have a disability, impai	rmenterland						
term condition?		No		e indicate as per below			
If you have indicated the presence of a disability, (You may indicate more than one area, please refe	•		•	· · ·			
☐ Hearing/deaf ☐ Vision ☐ Physical ☐ Acquire	Hearing/deaf  Physical Intellectual  Mental illness Other  Acquired brain impairment  Medical condition						
SECTION 7: EMPLOYMENT							
Of the following categories, which BEST describes For casual, seasonal, contract and shift work, use the co	urrent number of hours						
per week) or part-time employed (less than 35 hours per week).  Full-time employee  Part-time employee  Unemployed – seeking full-time work  Self-employed – not employing others  Self-employed – employing others  Not employed – not seeking employment							
SECTION 8: PRIOR EDUCATION							
Are you still enrolled in secondary or senior sec education?	ondary	□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.)							
Year 12 or equivalent Year 11 or equivalent	Year 10 or equiv		Year 8 or	below tended school			
In which year did your complete school?							
Have you SUCCESSFULLY completed any of the	e following qualifica	ations?	☐ No ☐ Yes – If	yes, tick boxes below:			
☐ Bachelor degree or higher degree ☐ Advanced diploma or associate degree ☐ Diploma (or associate diploma) ☐ Certificate IV (or advanced certificate/techn	ician)	Cert Cert	ificate III (or trade cert ificate II ificate I ner Education (incli s qualifications not lis	uding certificates or			
Do you wish to apply for Recognition of Prior Lea	Do you wish to apply for Recognition of Prior Learning or Credit Transfer?						



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										
describe the types of s	support tha	t would assist yo	u with your							
studies.					_					
SECTION 9: STUDY F	REASON									
Of the following ca		elect the one	which BEST	describe	s the n	nain reason y	ou a	re unde	rtaking this	
course/traineeship/app	renticeship	? (Tick ONE box o	nly)							
☐ To get a job☐ To develop my exis	ting husing	ee.				quirement of m xtra skills for m				
To start my own bu	_					another cours		udy		
To try for a differen						nal interest or s				
To get a better job	or promotio	on		=	_		ty/volı	y/voluntary work		
					ther reas	sons				
SECTION 10: MARKETING AND IMAGES										
		Existin	ng Client			Consultant			Other	
How did you hear abou	ut us?	∥ □ Intern			П	Employer			Caron	
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, pleas	se indicate l	below.								
☐ I do not wish	to be conta	cted regarding fu	ture training	opportunit	ies.					
During training, photos	s or footage	e may be taken of	you. Do you	give Natwi	de Trainii	ng Australia				
permission to use the	se photos o	r footage for suc	h things as in	nproving tra	aining res	sources, promo	tional	l 🗌 N	lo 🗌 Yes	
documents and report	ts?									
SECTION 11: PAYME	NT METHO	DDS								
Credit Card Details (required to reserve a place on the course)										
MASTERCARD VISA										
Card Holder Name:										
Tturio.							1			
Card Number:										
Expiry Date: Card (CVC Code)										
Credit cards will not be charged without prior notification but will be charged upon the students' cancellation of their										
place on the course.										
(See cancellation pol		ing Account Ho	Iders							
	OVCU EXIST	ing Account Ho	tubi 3							
Company Name:				Purchas	e Order	No:				

Learning, Literacy and Numeracy with Digital Literacy Initial Assessment



SECTION 12: CORE SKILLS ASSESSMENT (INITIAL) - Learning, Literacy and Numeracy with Digital								
	Read the paragraph below and answer the questions that follow.							
Reading ACSF 3.03	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							
	2. Answer the following quest	tions in your	own words.					
	a. Why does WorkSafe NSW have	e a zero-toler	ance approach	to the unsa	fe use of for	klifts?		
Writing								
ACSF 2.06	b. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these?  ——————————————————————————————————							
	3. The table below shows the Use the information in the table		_					
	Reaction	distance an	d total stopping	distance				
	Speed (km/h)	6	12	16	18	20		
Numerac y ACSF	Distance travelled while driver reacts and applies brakes (m)	2.5	5	6.7	7.5	8.3		
a. 2.09 b. 3.03	Maximum stopping distance (m)	2.9- 3.2	7-8	9.5- 12	11- 14	13- 16.5		
	a) What is the maximum stopping	g distance if t	the forklift is trav	elling at 20	km/h?			
	b) Even at 6km/h, a forklift driver	will take	me	tres to reac	t and apply	the		
	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.							
	Can you navigate operating systems (Wi	ndows, MacC	S) to access	☐ Yes		No		
	files, programs and settings?  Can you use word processors (e.g. Micro	anoft Mord)?						
	Can you use a basic spreadsheet (e.g. Ex	<u> </u>	Shoots\2	☐ Yes				
B	Can you conduct basic internet browsing			Yes				
Digital Literacy	Can you send and receive emails, and or			Yes		-		
	Can you create, organise, and save files'			☐ 163		No		
			arosoft Tooms\	☐ Yes		No		
	Can you use video conferencing tools (e.		STUSUIT TEATHS)	☐ Yes		No		
	Can you communicate via text message?							



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 authorise Natwide Training Australia or its agent, in the event of illness or accident, where next of kin/emergency contact cannot be made within reasonable time, to seek ambulance, medical or surgical treatment at my cost;
- 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 C RTO Office Only	I ILCKLI.	<b>3</b> I					
Learning Pathway:		and Assessment	☐ RPL Application				
Delivery Mode:		☐ Classroo	om	☐ Online then practical observation submission			
Is LLN assessment required?		□ No		☐ Yes Referred to:			
Is student support indicated?		□ No		☐ Yes Referred to:			
Is an interview indicated?		□No		☐ Yes Referred to:			
Is the training product sthe student?	suitable for	□ No		☐ Yes			
If applicable	Conversation with stude training product not beir confirmation			☐ Yes			
Student details entered	d into VET Tra	ak system.	□ Yes				
Enrolment confirmatio	n sent.		□ Yes				
Has payment been rec	eived?		☐ Yes Amount paid:				
			☐ Yes	Receipt No:			
USI verified?			☐ Yes				
Fraining scheduled to co	ommence on	the following	g date:				
Notes:							

