

College of Transformation, Education and Training Pty Ltd 88213 - Enrolment Form-

Course: _____

Region: _____ State/Territory: _____

Personal Details:

1. USI _____

2. Title - Mr/Mrs/Ms/Miss/Other please specify _____ Gender – (Male/Female/Other please specify _____

Family name (Surname) _____

Given names _____ Preferred Name _____

3. Birth Day/Month/Year / / Town of Birth _____ State _____

4. Residential Address _____

5. Postal address if different to above address _____

6. Mobile Phone # _____ Home/Office Ph # _____

7. Email address _____

Next of Kin or Emergency Contact _____ Mobile Ph # _____

Language and Cultural Diversity

8. Country of Birth - Australia Other – specify _____

8a. If Other – Australian Citizen Australian Permanent Resident Visa Please specify _____

9. Language spoken at home – English Other/s – specify _____

If English only – go to Q.11

10. If above answer is Other - How well do you speak English?

Very well Well Not well None at all

11. Are you of Aboriginal or Torres Strait Islander origin? No Yes, Torres Strait Islander Yes, Aboriginal

Disability –

12. Do you consider yourself to have a disability, impairment or long-term condition? Yes Please tick condition below No

If No, go to Q 13

Hearing/Deaf Intellectual Mental illness Vision Physical

Learning Acquired brain impairment Medical condition Other

Are you on a Disability Support Pension? Yes No

I have a letter from my Doctor/ Psychologist/a Medical professional supporting my disability/medical condition Yes No

College of Transformation, Education and Training Pty Ltd 88213 - Enrolment Form-Schooling

13. What is your highest COMPLETED educational level? (Tick one box only)

Year 12 or equivalent Year 11 Year 10 Year 9 Year 8 or below Never attended school

14. What YEAR did you complete that level _____ Name of institution _____

15. Are you still attending an educational institution? Yes No School? Yes No

Previous Qualifications Achieved

16. Have you SUCCESSFULLY completed any of the following qualifications? Yes No If No, go to Q. 17
put a number if more than one qualification in any of the following categories

PhD/Doctorate Masters (research) Masters (coursework) Postgrad Dip/Cert Honours
Bachelors Degree Advanced Diploma or Associate Degree Diploma or Associate Diploma
Certificate IV or Advanced Certificate Certificate III Trades Certificate Certificate II Certificate I
Certificates other than above

Employment/Centrelink status

17. Which category BEST described your current employment status? (tick one box only or number most relevant to least relevant)

Full-time employee Part-time employee Self-employed –not employing others
Employer Employed – unpaid worker in family business Unemployed – seeking full time work
Unemployed- seeking part time work Not employed – not seeking employment

18. I am currently receiving a Centrelink Payment Yes No If No, go to Q 21

19. Type of Centrelink Payment e.g. Newstart/ Austudy/ Carer/ Carer Allowance/ Family Tax A/ Age/Sickness/ Youth Allowance/ Veterans Affairs ?

Please specify which payments _____

19a. Are you in Government Housing? Yes No 19b Are you living in a Refuge Yes No

20. Current Job Service Provider (if unemployed) _____

Job Service Client Number for above _____

I have evidence of my long term unemployment? Yes No

Study Reason

21. Which BEST describes your main reason for undertaking this course? (tick one box only)

To get a job To start my own business To develop my existing business
To try for a different career To get a better job or promotion It was a requirement of my job
I wanted extra skills for my job To get into another course of study For personal interest

22. Employers Name & Address if applicable _____

I declare that, to the best of my knowledge, the information I have provided is correct and complete

Students signature _____ Date / /

CTET takes the privacy of your personal information seriously and we will endeavour to handle your personal information in accordance with our Privacy Policy and the Australian Privacy Principles.