



**Personal details**

1) Enter your full name

Family name (surname) \_\_\_\_\_ Given names \_\_\_\_\_

2) Enter your birth date

Day/month/year | | | |

3) Sex (Tick ONE box only)

Male  M Female  M

4) What is the address of your usual residence?

Suburb, locality or town \_\_\_\_\_  
Postcode \_\_\_\_\_

5) What is your postal address?

Building/property name \_\_\_\_\_  
Flat/unit number/street number \_\_\_\_\_  
Street name \_\_\_\_\_  
PO box or roadside delivery box \_\_\_\_\_  
Suburb, locality or town \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

**ENROLMENT DETAILS:**

Course Code and Name :

Unit/Module Code and Name:

Method of study: Full-time  or Part-time  \* Part-time students carry 75% or less of nominal course hours

Student's signature \_\_\_\_\_ Date \_\_\_\_\_ *Please go to page 2-4*

Office use only:

Approved: Yes  No  Trainer/Course Co-ordinator \_\_\_\_\_ Date \_\_\_\_\_

Course Payment details: Receipt/reference number \_\_\_\_\_ Exemption

Entered onto student management database: Yes  Student ID: \_\_\_\_\_ Data entry Initial: \_\_\_\_\_

First Date of Attendance \_\_\_\_\_ New Apprenticeship: Client ID \_\_\_\_\_ Contract ID \_\_\_\_\_



**Language and cultural diversity**

6) In which country were you born?

Australia	<input type="checkbox"/>	1101
<hr/>		
Other – please specify	<hr/>	

7) 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	<input type="checkbox"/>	1201	<b>English only – Go to Question 9</b>
<hr/>			
Yes, other – please specify	<hr/>		

8) 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

9) 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"/>

**Disability**

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

Yes	<input type="checkbox"/>	Y	
No	<input type="checkbox"/>	N	<b>No – Go to Question 12</b>

11) 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



**Schooling**

12) 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 <b>Never attended school – go to question 14</b>

13) In which **YEAR** did you complete that school level?

\_\_\_\_\_

14) Are you still attending secondary school?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

**Previous qualifications achieved**

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

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N <b>No – go to question 17</b>

16) 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

**Employment**

17) 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



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### Study reason

18) 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 or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

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### Your right and responsibilities as an IAD student

I UNDERSTAND THE FOLLOWING : (Tick all applicable boxes)

- IAD's refund policy.
- That, by signing this form, I authorise IAD staff to get medical assistance for me if I need it.
- I have been informed about relevant class date and times.
- I have access to personal file.
- My written consent is needed before personal information can be given to any other person or organisation.
- I give permission for IAD to give my details about my course attendance and outcome to Centrelink and my Job Network
- If I do not attend class continuously for 5 days, IAD Student Services to withdraw me and notify Centrelink to suspend my payments.
- The statements made by me for this enrolment form, are true.

IAD may use my photograph in their marketing. YES  NO

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_