

Course Participant Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY AND CAREFULLY BY WRITING IN 'BLOCK LETTERS' USING BLACK PEN

Course Details

Course Name		Course Code	
-------------	--	-------------	--

Personal Details

PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS)

Title		Surname			
Given Name/s					
Male		Female		Date of Birth (dd/mm/yy)	
Preferred Name					
Mobile		Work Phone		Home	
Email Address					

WHAT IS YOUR RESIDENTIAL ADDRESS?

Address					
Suburb / City		State		Post Code	

WHAT IS YOUR POSTAL ADDRESS? (Only complete if different from Residential address above)

Address					
Suburb / City		State		Post Code	

Electrical Licence

Do you have an Electrical Licence?	YES		NO		If Yes, which classification (Circle below)
ELECTRICAL FITTER		ELECTRICAL MECHANIC		ELECTRICAL JOINTER	
				ELECTRICAL LINESMAN	
Licence Expiry Date				Certificate / Licence / Number	

DIVISION OF WORKPLACE HEALTH AND SAFETY LICENCE

Do you have an EWP Licence?	YES		NO		Licence Expiry Date		Number	
-----------------------------	-----	--	----	--	---------------------	--	--------	--

Employment Details

Job role					
Employer				Telephone	
Contact Person / Supervisor					
Employer Address					
Suburb / City		State		Post Code	

Emergency Contact Details

Contact Name		Phone	
Relationship		Mobile	

Student Identification

ALL PARTICIPANTS UNDERTAKING NATIONALLY RECOGNISED TRAINING MUST PROVIDE A UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI Indicate number below

USI	
-----	--

If you do not have a USI, visit www.usi.gov.au to apply for your USI and activate your USI account

A fee of \$25 applies if you wish Interlink Training to apply for your USI

VICTORIAN PARTICIPANTS ONLY

I am new to the Victorian Education System. I have never attended a Victorian School, TAFE or other Training Provider.

VSN	
-----	--

Study Reason

OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE? PLEASE TICK

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

EMPLOYMENT – OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR EMPLOYMENT STATUS?

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

Course Participant Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY AND CAREFULLY BY WRITING IN 'BLOCK LETTERS' USING BLACK PEN

Study Reason cont.

CLIENT INDUSTRY OF EMPLOYMENT

Agriculture, Forestry and Fishing		Mining	
Electricity, Gas, Water and Waste Services		Construction	
Transport, Postal and Warehousing		Information Media and Telecommunications	
Public Administration and Safety		Education and Training	
Health Care and Social Assistance		Other Services	

Language and Cultural Diversity

Country of birth	Australia	Other (please specify)	
------------------	-----------	------------------------	--

DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH WHEN AT HOME? (INDICATE THE LANGUAGE THAT IS SPOKEN MOST OFTEN)

No, English only	Other (please specify)	
------------------	------------------------	--

HOW WELL DO YOU SPEAK ENGLISH?

Very Well	Well	Not Well	Not at all
-----------	------	----------	------------

Are you of Aboriginal and / or Torres Strait Islander Origin?	NO	Yes, Aboriginal	Yes, Torres Strait Islander
---	----	-----------------	-----------------------------

Schooling

Are you still attending secondary school	YES	NO	Year Completed
--	-----	----	----------------

SCHOOL LEVEL COMPLETED

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

Disability

Do you have a disability	YES	NO	IF YES, then please indicate the areas of disability, impairment or long-term condition: (YOU MAY INDICATE MORE THAN ONE AREA)
Physical	Intellectual	Learning	Mental Illness
Acquired Brain Impairment	Vision	Medical Condition	Hearing/Deaf
			Other

Qualifications

Have you successfully completed any of the following qualifications?	YES	NO
--	-----	----

IF YES, THEN TICK ANY APPLICABLE BOXES

Bachelor Degree or Higher	Advanced Diploma or Associate Degree	Certificate II
Diploma or Associate Diploma	Certificate IV or Advanced	Certificate I
Certificate / Technician	Certificate III or Trade Certificate	Certificates other than above

PLEASE TICK TYPE OF QUALIFICATION

AUSTRALIAN QUALIFICATION	AUSTRALIAN EQUIVALENT	INTERNATIONAL QUALIFICATION
--------------------------	-----------------------	-----------------------------

Payment

WHO WILL BE PAYING FOR THIS COURSE?

You	Job Services/Disability Provided	Employer
Government Funded	Other (please specify)	

PLEASE NOTE: All students will submit a completed enrolment form together with payment of the required course fees at least 2 days before attending the first session of a course unless they have an approved Interlink account

Fees can be paid by cash, EFT, credit card (VISA or MasterCard) or cheque.

Note: Certificates or Statement of Attainment will not be issued if payment is outstanding.

ASQA require a Certificate to be issued within 30 days of completion of a course (provided payment has been made)

REFUND POLICY: Our refund policy is detailed in the student handbook on Interlink Training's website.

Course Participant Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY AND CAREFULLY BY WRITING IN 'BLOCK LETTERS' USING BLACK PEN

Declaration

Interlink Training as a Registered Training Organisation TOID 21055 is required to provide some government agencies with information regarding training that has been undertaken for the purpose of statistical data collection. Also, some employers request records of training outcomes on completion of courses.

Furthermore, InterLink Training may on occasions for compliance purposes, record video footage of Course Participants whilst they are undertaking practical assessments. The video footage will not be used for any purpose other than demonstrating competency, unless prior authorisation has been obtained in writing from the individual Course Participant.

In the collection, handling and storage of personal information, Interlink Training complies with the requirements of the Privacy Act 1988, the Privacy Amendment (Enhancing Privacy Protection) Act 2012, and the Australian Privacy Principles.

I (Print Name) _____

- I understand that Interlink Training will not disclose the information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies, as required or authorised by law or in accordance with the Interlinks Privacy Policy,
- Understand the information contained in this form, and that records of my training may be provided to State and Federal Government Agencies and my employer (where applicable), and I give consent to that occurring.
- Give consent to the Assessor to take photo's and/or video record my practical demonstration of competency where it is deemed a compliance requirement.

Please tick boxes

I have been made aware of the Student Handbook which contains important information such as:

- InterLink Refund Policy
- Grievance Resolution Procedure
- RPL policy
- Privacy and Personal Information Policy

I authorise Interlink Training to verify a USI supplied by me and view my training records and results on the USI website.

I understand that if my USI is not recorded, no certificates or documents can be issued.

I understand that when directed to do so by the National Regulator (Australian Skills Quality Authority - ASQA), InterLink Training will have no option but to cancel or withdraw any Qualification or Statement of Attainment it has issued. Should the Regulator (ASQA) decide to take this course of action, you will be notified in writing of their intention to do so. Course participants will then have the opportunity to respond in writing to ASQA, prior to the decision to cancel a Qualification or Statement of Attainment is implemented.

I authorise Interlink training to provide my employer and/or any Third party who they may be contracting to, with my training results

I agree to accept the decisions of InterLink Training

I also declare that the information I have given above is true and correct.

Signature _____ Date: _____

Parent/Guardian/Caregiver signature to be signed if under the age of 18 years

Parent/Guardian/Caregiver Signature: _____ Date: _____

From time to time Interlink Training may contact you to advise of upcoming courses. If you do not wish to be contacted, or have your employer obtain your training records, please advise our administration team.