

# ENROLMENT FORM



**Training Tailor Made**

VOCATIONAL EDUCATION & TRAINING

AUSTRALIAN PACIFIC SERVICES PTY LTD | ABN 29 104 039 956 | RTO 31729



**SUITE 101, METRO MARKET SHOPPING CENTRE**  
(ABOVE DOMINO'S PIZZA),  
33 HOLLYWELL ROAD, BIGGERA WATERS, QLD 4216



**07 5537 4239**



ADMIN@TRAININGTAILORMADE.COM.AU



WWW.TRAININGTAILORMADE.COM.AU

## OFFICE USE ONLY:

☐ C3G

☐ BW3

☐ HLS

☐ BWH

PLEASE COMPLETE IN CAPITAL LETTERS

## 1. STUDENT INFORMATION

- Applicant to complete

<b>TITLE:</b>	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> OTHER
<b>FIRST NAME:</b>				
<b>MIDDLE NAME:</b>				
<b>SURNAME:</b>				
<b>MAIDEN OR PREVIOUS NAME:</b>	<input type="checkbox"/> N/A			
<b>GENDER:</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> OTHERS	
<b>ADDRESS:</b>	STREET:			
	SUBURB:			
	STATE:			
	POSTCODE:			
<b>EMAIL:</b>				
<b>MOBILE:</b>				
<b>DATE OF BIRTH</b>				
<b>USI:</b>	Please obtain your USI - Unique Student Identifier from <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a>			
<b>EMERGENCY CONTACT:</b>	FULL NAME:			
	MOBILE:			
<b>HOW DID YOU HEAR ABOUT US</b>	<input type="checkbox"/> INTERNET <input type="checkbox"/> REFERRAL <input type="checkbox"/> CHILDCARE, AGED CARE OR COMMUNITY AGENCY <input type="checkbox"/> SHOPPING CENTRE <input type="checkbox"/> OTHER: .....			

## 2. IDENTITY INFORMATION

- We require evidence of your lawful stay in Australia, age, and Queensland residency.
- Copies of original documents must be sighted as true and accurate copies and must be kept on file

PLACE OF BIRTH:	<input type="checkbox"/> AUSTRALIA	
	<input type="checkbox"/> OTHER	Where: .....
RESIDENCY:	<input type="checkbox"/> AUSTRALIAN CITIZEN	
	<input type="checkbox"/> PERMANENT RESIDENT	
	<input type="checkbox"/> HUMANITARIAN ENTRANT	
	<input type="checkbox"/> VISA	Subclass: .....
EVIDENCE OF RESIDENCY:	<input type="checkbox"/> MEDICARE CARD	Number: .....
	<input type="checkbox"/> AUSTRALIAN PASSPORT	Number: .....
EVIDENCE OF ADDRESS AND AGE:	<input type="checkbox"/> DRIVER LICENCE	Number: ..... Expiry: .....
	<input type="checkbox"/> ID CARD	Number: ..... Expiry: .....
	<input type="checkbox"/> BIRTH CERTIFICATE	Number: .....
	<input type="checkbox"/> PROOF OF ADDRESS	Document .....

## 3. PRIOR EDUCATION / QUALIFICATIONS / TRAINING IN AUSTRALIA

- Please select previously completed training

QUALIFICATIONS	YEAR OF COMPLETED	TITLE
NO QUALIFICATIONS <input type="checkbox"/>		
YEAR 10 OR EQUIVALENT <input type="checkbox"/>		
YEAR 12 OR EQUIVALENT <input type="checkbox"/>		
CERTIFICATE I QUALIFICATION <input type="checkbox"/>		
CERTIFICATE II QUALIFICATION <input type="checkbox"/>		
CERTIFICATE III QUALIFICATION <input type="checkbox"/>		
CERTIFICATE IV QUALIFICATION <input type="checkbox"/>		
DIPLOMA <input type="checkbox"/>		
ADVANCED DIPLOMA <input type="checkbox"/>		
BACHELOR'S DEGREE <input type="checkbox"/>		
HIGHER QUALIFICATION <input type="checkbox"/>		

#### 4. CURRENT QUALIFICATION DETAILS

<b>COURSE NAME:</b>	
<b>PLANNED START DATE:</b>	
<b>STUDY MODE:</b>	<input type="checkbox"/> ONLINE <input type="checkbox"/> IN CLASS

OFFICE USE ONLY:	
<b>QUALIFICATION CODE &amp; NAME:</b>	
<b>START DATE:</b>	
<b>RTO NTIS ID:</b>	31729
<b>RTO NAME:</b>	TRAINING TAILOR MADE
<b>LOCATION OF TRAINING:</b>	SUITE 101, METRO MARKET SHOPPING CENTRE, 33 HOLLYWELL RD, BIGGERA WATERS, QLD, 4216
<b>CONTACT NAME:</b>	PAULINE LUXFORD
<b>PHONE NUMBER:</b>	07 5537 4239

#### 5. ADDITIONAL INFORMATION

– Please tick if applicable

<b>ETHNIC ORIGIN:</b> Answer is optional	<input type="checkbox"/> ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER
<b>LANGUAGE:</b>	DO YOU SPEAK ENGLISH AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO If no which language?..... HOW WELL DO YOU SPEAK ENGLISH? <input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> NOT WELL <input type="checkbox"/> NOT AT ALL
<b>OTHER INFORMATION:</b>	<input type="checkbox"/> DO YOU HAVE DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION Please give details: ..... <input type="checkbox"/> NON-ENGLISH-SPEAKING BACKGROUND <input type="checkbox"/> PREGNANT OR PLANNING TO BE PREGNANT <input type="checkbox"/> DO YOU HAVE ANY MEDICAL CONDITION OR INJURY THAT WILL PREVENT YOU FROM HEAVY LIFTING +20KG Please give details: .....

## 6. APPLICANT'S CIRCUMSTANCES

– Applicant **MUST** complete

CENTRELINK CARD	CARD NUMBER
CONCESSION CARD <input type="checkbox"/>	
HEALTH CARE CARD <input type="checkbox"/>	
PENSION CARD <input type="checkbox"/>	

<b>EMPLOYMENT SERVICE:</b>  Please complete if you have registered with an employment agency.	PROVIDER NAME:
	CONTACT NAME:
	PHONE NUMBER:

<b>LABOUR FORCE STATUS:</b>	<input type="checkbox"/> FULL TIME EMPLOYEE	<input type="checkbox"/> UNEMPLOYED NOT SEEKING WORK
	<input type="checkbox"/> PART TIME EMPLOYEE	<input type="checkbox"/> SELF-EMPLOYED
	<input type="checkbox"/> CASUAL EMPLOYEE	<input type="checkbox"/> EMPLOYER
	<input type="checkbox"/> UNEMPLOYED SEEKING FULL TIME	<input type="checkbox"/> UNPAID WORKER IN A FAMILY BUSINESS
	<input type="checkbox"/> UNEMPLOYED SEEKING PART TIME	<input type="checkbox"/> VOLUNTEER

<b>REASON FOR UNDERTAKING THIS TRAINING:</b>	<input type="checkbox"/> TO GET A JOB	<input type="checkbox"/> TO DEVELOP MY EXISTING BUSINESS
	<input type="checkbox"/> TO START MY OWN BUSINESS	<input type="checkbox"/> TO TRY A DIFFERENT CAREER
	<input type="checkbox"/> FOR PERSONAL DEVELOPMENT	<input type="checkbox"/> IT WAS A REQUIREMENT OF MY JOB
	<input type="checkbox"/> TO GAIN EXTRA SKILLS FOR MY JOB	<input type="checkbox"/> TO GET INTO ANOTHER COURSE
	<input type="checkbox"/> OTHER REASON	<input type="checkbox"/> TO GET A BETTER JOB OR PROMOTION

## 7. STATUTORY DECLARATION - FOR CERTIFICATE 3 GUARANTEE OR HIGHER-LEVEL SKILLS FUNDING

— To be completed by the applicant

I (Name): \_\_\_\_\_

Of address: \_\_\_\_\_

Occasion: \_\_\_\_\_

### MAKE THE FOLLOWING DECLARATION UNDER THE STATUTORY DECLARATIONS ACT 1959

**Note 1** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

**Note 2** Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

### PLEASE TICK IF ANY OF THESE APPLY:

- ☐ I am aged **15 years or older** and no longer at **High School** (including home schooling)
- ☐ I am a **Queensland resident** permanently residing in Queensland
- ☐ I am an **Australian citizen, Australian permanent resident** (includes humanitarian entrant), temporary resident with the necessary visa and work permits on the pathway to permanent residency, or a New Zealand citizen
- ☐ I am **not** currently receiving funding for courses through the Australian Government or State and Territory Government program in relation to the training that will be covered by the **Certificate 3 Guarantee Program**
- ☐ I am **not** currently receiving funding for courses through the Australian Government or State and Territory Government program in relation to the training that will be covered by the **Higher-Level Skills Program**
- ☐ I am **not** currently enrolled in, or receiving funding for **another course**

### PLEASE SELECT ONE:

- ☐ I do not currently have a **Certificate III** qualification or above (C3G only), or
- ☐ I do not currently have a **Certificate IV** qualification or above (HLS only)

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

If you are unsure, please call us to check which funding you are using **07 5537 4239**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Only digital or hand signed - **NOT -TYPED**

DATE: \_\_\_\_\_

## 8. PRIVACY NOTICE

— To be completed by the applicant

The Queensland Government allocates training places for participants to undertake qualifications under Government Funding. **Training Tailor Made** has been approved to deliver a qualification which participants will be entitled to undertake under the funding program, which is funded by the Queensland Government. The personal information you provide on this form will be collected and used by **Training Tailor Made** for the purposes of:

- assessing your eligibility for the funding program
- if you are eligible to participate in the funding program, all aspects of enrolment, administration and delivery of the qualification; and
- advising your employment service provider (if appropriate) of your participation and attendance in training

**Training Tailor Made** may also collect and disclose your personal information to the Queensland Government's Department of Education Training and Employment (DETE) and other Australian Government agencies, including but not limited to Centrelink, for the purposes of:

- DETE confirming your eligibility for a training place;
- informing DETE that you have enrolled in an approved qualification;
- informing DETE of your completion, non-completion or withdrawal from an approved qualification;
- reporting to DETE's **Ministers and other Member's of Parliament** on the funding program;
- monitoring the service given by **Training Tailor Made** to you and your satisfaction with the funding program;
- DETE generally administering the funding program.

**Training Tailor Made** and DETE may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

I confirm I have read and understood the above information and consent to the stated uses of my personal information.

NAME:

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SIGNATURE:

Only digital or hand signed - **NOT -TYPED**

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DATE:

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## 9. APPLICANT'S DECLARATION

– Please acknowledge by ticking boxes and signing below

*I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.*

- ☐ I have read, understood, and signed the **Privacy Notice** stating how my personal information can be used and I have completed the Statutory Declaration
- ☐ I have been fully informed of **Training Tailor Made Policies and Procedures**, as outlined in the student handbook provided in the orientation email.
- ☐ I have **been fully informed about the qualification** to be undertaken
- ☐ I understand that I will **not be eligible for further funding** under this program once I have completed and been issued with a Qualification under the funding program chosen in this application.

NAME:

SIGNATURE:

DATE:

Only digital or hand signed - **NOT -TYPED**

## 10. OFFICE USE ONLY - DECLARATION

– Please acknowledge by ticking boxes and signing below

*I declare that, to the best of my knowledge, the information on this form is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.*

- ☐ I have gathered all the required evidence and copies of the evidence supplied are on file.
- ☐ I have undertaken a literacy/numeracy assessment of the applicant, and they have the ability to undertake the qualification.
- ☐ I am satisfied that the applicant meets the enrolment requirements for the qualification.
- ☐ I have assessed the applicant's capacity to benefit from the training e.g., licensing requirements.

NAME:

SIGNATURE:

DATE:

**OFFICE USE ONLY**

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