



# AUSTRALIAN

## OPERATOR TRAINING



### Student Enrolment Form

Course name: \_\_\_\_\_ Date of Course: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Personal Information:					
Title:	First Name:			Middle Name:	
	Surname:			Preferred Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				Date of Birth: ____ / ____ / ____	
Home Phone: ( __ ) _____		Work Phone: ( __ ) _____		Mobile: _____	
Unique Student Identifier: _____					
Email Address: _____					
Home Address: _____					
Postal Address: _____					



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### AVETMISS Information

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify): _____	
Do you speak a language other than English at home? ( If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____	
How well do you speak English? (tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Do you identify yourself as Aboriginal or Torres Strait Islander origin? (tick one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
<b>Do you have any of the below disabilities? (Please tick all that apply)</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Vision	<input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Medical <input type="checkbox"/> Other	Please specify: _____	
<b>What is your highest COMPLETED school level? (Tick ONE box only.)</b>			
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school	<b>Are you still attending secondary school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>In which YEAR did you complete school?</b> _____



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## AVETMISS Information

Have you successfully completed any of the following qualifications?

<input type="checkbox"/> No previous qualifications <input type="checkbox"/> Yes - Bachelor Degree or Higher Degree <input type="checkbox"/> Yes - Advanced Diploma or Associate Degree <input type="checkbox"/> Yes - Diploma (or Associate Diploma) <input type="checkbox"/> Yes - Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Yes - Certificate III (or Trade Certificate) <input type="checkbox"/> Yes - Certificate II <input type="checkbox"/> Yes - Certificate I <input type="checkbox"/> Yes - Certificates other than the above
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Of the following categories, which best describes your current employment status?

<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
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Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)

<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 for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
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## Your Personal Statement

Why are you choosing this course?

Do you have a specific career aim or job in mind for the future?

Are you seeking credit for previous training or recognition of prior learning:

Yes  No  Not sure

## Student Declaration

I understand that:

- The Data Provision Requirements 2012 requires Australian Operator Training to provide the national regulator ASQA, with student and training activity data and quality indicator data which may include information I provide in this enrolment form.
- For overseas students only. I have a valid Australian visa and I am eligible to study in Australia.
- Information is required to be provided in accordance with the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) guidelines.
- I can access details of AVETMISS from [www.ncver.edu.au](http://www.ncver.edu.au).
- The Federal Government may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities.



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SkillPath Pty Ltd  
ABN: 88 164 301 786  
ACN: 164 301 786  
RTO: 41351  
FORM: AOT-AEQ-076

***“Flexible Training Solutions”***



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### I give permission for Australian Operator Training to:

- Create a Unique student identifier (USI) on my behalf and/or check the details of my USI
- Access my personal USI information (do not tick if you do not want the Australian Operator Training to access your personal USI information)
- I agree and will abide with all the terms and conditions specified in Australian Operator Training's Student Handbook.

### I have been advised by Australian Operator Training that:

- My personal information provided on this enrolment form will be kept private, confidential and secure by all Australian Operator Training staff.
- I may be contacted and requested to participate in a National Centre of Vocational Education Research survey or audit or internal review.
- I understand that Australian Operator Training will not issue a certificate and/or statement of attainment until all the appropriate documentation has been completed, signed, and all fees have been paid.
- By signing this form, I certify that the information provided is true and correct

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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