

Accredited Course Enrolment:

Participant Details:

Given Names:	Surname: (family name)
Residential Address:	
	Postcode:
Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Mobile:
Email:	

Employer Details (if relevant):

Employer:	
Address:	
	Postcode:
Postal Address:	
	Postcode:
Phone:	Fax:
Commencement date (employment with current employer): / /	

Course Details:

Course Title:
Commencement date of course: / /
Name of Navitas Representative:

Schooling:

Are you still attending Secondary School? (please tick one box)

Yes No

What is your highest **completed** school level? (please tick one box)

Year 12 Year 11 Year 10 Year 9 or lower

In which **year** did you complete that school level? _____

Prior Achievements / Qualifications Achieved:

Have you successfully completed any of the following qualifications?

Yes No

If **yes**, tick any applicable boxes

Bachelor degree or Higher Degree

Advanced Diploma or Associate Degree

Diploma or Associate Diploma

Certificate IV or Advanced Certificate/Technician

Certificate III or Trade Certificate

Certificate II

Certificate I

Certificate other than the above

Please specify: _____

Language and Cultural Background:

Were you born in Australia? (please tick)

Yes No

If **no**, in which country were you born? _____

Do you speak a language other than English at home? (please tick)

English only Other

If **other**, please specify language spoken: _____

How well do you speak English? (please tick)

Very Well Well Not Well Not at all

Are you of Aboriginal or Torres Strait Island origin? (please tick)

No Yes, Aboriginal Yes, Torres Strait Islander

Are you an Australian Citizen? (please tick)

Yes No

Are you a Permanent Resident? (please tick)

Yes No

Disability:

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

Yes No

If **yes**, please tick any of the applicable boxes below:

Vision Intellectual
 Hearing Chronic Illness
 Physical Other

If **other**, please specify: _____

Employment:

Of the following categories, which best describes your current employment status?

(01) Full Time Employee (04) Employer (07) Unemployed - Seeking Part Time Work
 (02) Part Time Employee (05) Unpaid Family Worker (08) Not Employed - Not seeking employment
 (03) Self Employed—not employing others (06) Unemployed - Seeking Full Time Work
 Enter one code:

Study Reason:

Of the following categories, which **best** describes your main reason for undertaking this course / traineeship? (tick one box **only**)

To get a job To develop my existing business
 To start my own business To try a different career
 It is a requirement of my job For personal interest or self development

Other reasons: _____

Please fax this completed form back to Navitas Workforce Solutions on (03) 9633 0101

Level 3, 206 Bourke Street,
Melbourne VIC 3000 Australia
ABN: 25 100 404 199
www.nws.edu.au

Telephone: (03) 9633 0100
Fax: (03) 9633 0101
Email: info@nws.edu.au