

ENROLMENT & PARTICIPATION FORM

Note:

- Your name will appear on the qualification certificate as written on this enrolment form
- All fields must be completed
- Please use BLOCK LETTERS in each box provided where applicable
- Once completed please scan and email a copy to your facilitator

YOUR PRIVACY: The information requested by this form is being collected by Accrete Pty Ltd for the purpose of providing training and assessment services, and to issue certification. Accrete will not disclose the information provided by you this form, except to other educational institutions or government bodies as requested or authorised by law.

COURSE NAME											COURSE No				
Title	EG: Mrs, Miss, Mr, Dr etc														
Given Name															
Middle Name															
Family Name															
Organisation															
Position								Division/Section							
Date of Birth								Age							

CONTACT DETAILS

Phone (work)				Phone (mobile)			
Email address							

ADDRESS

Postal address					Postcode		State	
Home address					Postcode		State	

VET RELATED DETAILS

The following questions are required to be collected for AVETMISS reporting by all Registered Training Organisations.

Gender <small>(Male/Female/Unspecified)</small>			Country of Birth			City of Birth		
Country of Citizenship				Australian Citizenship Status				
Aboriginal or Torres Strait Islander Origin	No			Employment status				
	Aboriginal							
	Torres Strait Islander							
Main language spoken at home				Proficiency in spoken English		Very well		Well
						Not well		Not at all
Are you currently attending other schools?				Name of school				

Schooling – what is your highest COMPLETED school level (Tick ONE box only)

Year 12 or equivalent		Year 9 or equivalent	
Year 11 or equivalent		Year 8 or below	
Year 10 or equivalent		Never attended school	
In which year did you COMPLETE that school level?			

Disability

Do you consider yourself to have disability, impairment or long-term condition? (Please circle the appropriate)	Yes	No
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If yes, then please indicate the areas of disability, impairment or long term condition:

Hearing/Deaf		Acquired Brain Impairment	
Physical		Vision	
Intellectual		Medical condition	
Learning		Other	
Mental Illness			

Prior education

Have you successfully COMPLETED any of the following qualifications? (Please circle yes or no)	Yes	No
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If yes, please tick ANY applicable boxes

Bachelor or Higher degree		Certificate III (or Trade Certificate)	
Advanced Diploma or Associate degree		Certificate II	
Diploma or Associate Diploma		Certificate I	
Certificate IV (or Advanced Certificate/Technician)		Miscellaneous education	

Participant identifiers (please complete if applicable)

Unique Student Identifier (USI)	
Learner Unique Number (QLD only) WorkReady Participant Number (SA only) SACE Student ID (SA only)	

Of the following categories which BEST describes your current main reason for undertaking this course?

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

EMERGENCY CONTACT DETAILS

Name		Relationship	
Contact number		Alternative number	

IDENTIFICATION DOCUMENTATION

Drivers Licence or Passport Number		State of Issue	
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Photo ID sighted by facilitator

Signed:		Dated:	
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STATEMENT OF PARTICIPATION & MEDIA CONSENT

Please read carefully and sign at the bottom to acknowledge acceptance and understanding.

STATEMENT OF PARTICIPATION

I am aware that training activities and exercises conducted by Accrete are potentially hazardous, physically strenuous and/or emotionally stressful. I assume each and every risk as briefed relating to, associated with, or arising from the participation in such activities or practical exercises. I agree to approach each activity and practical exercise with a positive attitude and act responsibly with regard to the safety of others and myself.

I understand that I may choose not to participate in a given activity and accept that in making such a choice I may not satisfy mandatory course competency requirements for certification.

As required by Duty of Care legislation, I understand that I am required to report any accidents, incidents, hazards and near misses to the course Facilitator or any Accrete staff member prior to my leaving the training facility, or as soon as possible thereafter. As part of the reporting process, I understand that I may be required to make a written statement about the accident, incident or near miss.

I agree that if I suffer injury or illness as a result of, or in connection with an activity, Accrete staff can administer first aid and arrange treatment and emergency evacuation services as is deemed essential for my safety and well-being.

MEDIA CONSENT

Accrete Pty Ltd will at times take photographs and/or film of course activities. Participants will always be made aware before any form of media is taken of the course. This consent applies to: The Accrete website, marketing flyers, capability statements, television advertisements, newspaper articles or editorials, and any general display of photos and promotional activities.

Accrete understands that there can be many reasons why individuals may prefer that they do not appear in the media, and respect your wishes. If you sign this consent form, but later wish to withdraw it, please notify Accrete in writing and we will adjust our records.

Please indicate your consent by ticking the appropriate box below. If you wish to discuss consent further, please refer your query to the Manager of Operations.

- Yes I give permission for Accrete Pty Ltd to use any media inclusive of myself for activities outlined as above
- I do NOT give permission for the above mentioned activities.

Name	
Signature	
Date	