

# PARTICIPANT ENROLMENT FORM



Is this the first time you have enrolled at Training Prospects? Yes  No

Unique Student Identifier (USI): \_\_\_\_\_ If no USI, contact Training Prospects for more information.

How did you hear about us?

Newspaper  Word of Mouth  Website  Skills for All website  Events  Other  \_\_\_\_\_

**PROGRAM TITLE:** Small Business Management - Online

## PERSONAL DETAILS

Mr  Miss  Mrs  Ms  Gender M  F  Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method:  Email  Mobile  Mail

**Are you a CITB Member?** No  Yes  **Please provide CITB Number:** \_\_\_\_\_

**Recognition of Prior Learning**  I require recognition of previous study

**MEDICAL DETAILS:** This information is only required if Training Prospects needs to render assistance to you in the event of you requiring medical attention. Please specify medical condition and special needs (e.g. Diabetic, Asthmatic, Rare Blood Group, Allergy, and Disability).

## EMPLOYER/JOB SERVICES AUSTRALIA PROVIDER DETAILS (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Centrelink Customer Reference No. (CRN): \_\_\_\_\_ Expiry: \_\_\_\_\_

I (name) \_\_\_\_\_ have read and understood all of the information contained in the Participant Induction Manual supplied to me by Training Prospects. I also understand that I am able to contact Training Prospects staff to clarify any queries relating to this information.

Training Prospects (SYC) collects personal or sensitive information about you in order to provide SYC's services. SYC may need to disclose your personal or sensitive information to other agencies in order to provide the services you have requested but will only disclose that information which is necessary to provide that service. By completing this form you agree to SYC using or disclosing your information where necessary. You may also remain anonymous, however SYC may be unable to provide the services you are requesting if you do not provided us with your personal or sensitive information. All personal and sensitive information collected by SYC is protected under the Privacy Act(1988) and the Australian Privacy Principles.

I understand that Training Prospects may release my personal information (where applicable) to Employer, Centrelink, Job Services Australia Provider, Commonwealth or State Bodies or Schools. This information is provided to Australian Vocational Education and Training Management Information Statistical Standards (AVETMISS) for the collection and analysis of Vocational Education and Training information throughout Australia.

I am aware that a copy of SYC's Privacy Policy will be made available to me on request.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. **In which town were you born?**  
\_\_\_\_\_
2. **In which country were you born?**  
 Australia       Other (please specify)  
 \_\_\_\_\_
3. **Do you usually speak a language other than English at home? (Y/N)** \_\_\_\_\_  
 If YES, please specify the language spoken.  
 \_\_\_\_\_
4. **How well do you speak English?**
- |            |                          |
|------------|--------------------------|
| Very Well  | <input type="checkbox"/> |
| Well       | <input type="checkbox"/> |
| Not Well   | <input type="checkbox"/> |
| Not at All | <input type="checkbox"/> |
5. **Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Island origin, mark both 'YES' boxes)**
- |                             |                          |
|-----------------------------|--------------------------|
| NO                          | <input type="checkbox"/> |
| YES, Aboriginal             | <input type="checkbox"/> |
| YES, Torres Strait Islander | <input type="checkbox"/> |
6. **Do you consider yourself to have a disability, impairment or long-term condition? (Y/N)**  
 If YES, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)
- |                           |                          |
|---------------------------|--------------------------|
| Hearing/Deaf              | <input type="checkbox"/> |
| Physical                  | <input type="checkbox"/> |
| Intellectual              | <input type="checkbox"/> |
| Learning                  | <input type="checkbox"/> |
| Mental Illness            | <input type="checkbox"/> |
| Acquired Brain Impairment | <input type="checkbox"/> |
| Vision                    | <input type="checkbox"/> |
| Medical Condition         | <input type="checkbox"/> |
| Other                     | <input type="checkbox"/> |
7. **Will you be requesting help with literacy in your studies? (Y/N)** \_\_\_\_\_
8. **What is your highest COMPLETED school level?**
- |                                |                          |
|--------------------------------|--------------------------|
| Completed Year 12              | <input type="checkbox"/> |
| Completed Year 11              | <input type="checkbox"/> |
| Completed Year 10              | <input type="checkbox"/> |
| Completed Year 9 or equivalent | <input type="checkbox"/> |
| Year 8 or below                | <input type="checkbox"/> |
| Never attended school          | <input type="checkbox"/> |
- In which year did you complete that school level? \_\_\_\_\_
9. **Are you seeking credit to reduce the term of the training contract?**  
 Yes       No

10. **Are you still attending secondary school?**  
 YES       NO  *if yes tick box below that applies*  
 School Based    Training Guarantee for SACE  
 Exemption
11. **Have you SUCCESSFULLY completed any of the following qualifications? (Y/N)** \_\_\_\_\_  
 If YES, then tick any applicable boxes
- |   |                          |
|---|--------------------------|
| Bachelor Degree or High Degree                  | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree            | <input type="checkbox"/> |
| Diploma (or Associate Diploma)                  | <input type="checkbox"/> |
| Certificate IV (Advance Certificate/Technician) | <input type="checkbox"/> |
| Certificate III (or Trade Certificate)          | <input type="checkbox"/> |
| Certificate II                                  | <input type="checkbox"/> |
| Certificate I                                   | <input type="checkbox"/> |
| Certificates other than the above               | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |
12. **Of the following categories, which best describes your current employment status? (Tick ONE box only)**
- |   |                          |
|---|--------------------------|
| 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         | <input type="checkbox"/> |
13. **Your major reason for study? (Tick ONE box only)**
- |   |                          |
|---|--------------------------|
| 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"/> |
| To get into another course of study       | <input type="checkbox"/> |
| For personal interest or self development | <input type="checkbox"/> |
| I wanted extra Skills for my job          | <input type="checkbox"/> |
| Other reasons                             | <input type="checkbox"/> |

*SYC follows the South Australian Government Information Sharing Guidelines to Promote the Safety and Wellbeing of Children, Young People and their Families (ISG) and other State government Information Sharing Guidelines.*

*This means that SYC will work closely with other agencies to coordinate the best support for young people and their families. Under the ISG a young person's informed consent for the sharing of information will be sought and respected in all situations unless:*

- it is unsafe or impossible to gain consent or consent has been refused and*
- without information being shared, it is anticipated a child, young person or a member of their family will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public safety.*