

Student Number:	
------------------------	--

Student Details									
Family Name				Title (Mr/Mrs/Ms/Miss)					
Given Names				Gender	M / F				
Date of Birth									
Address	_____								
	Postcode _____								
Telephone	Home			Work			Mobile		
Email Address									

Employment Status – please tick which best describes your current employment status (Tick ONE box only)	
Employed full time	<input type="checkbox"/>
Employed part time or casual	<input type="checkbox"/>
Self employed – not employing other people	<input type="checkbox"/>
Employer – someone who employs other people	<input type="checkbox"/>
Employed – unpaid family worker	<input type="checkbox"/>
Unemployed – seeking full time work	<input type="checkbox"/>
Unemployed – seeking part time or casual work	<input type="checkbox"/>
Not employed – not looking for employment	<input type="checkbox"/>

Study Reason - Please tick which category BEST describes your main reason for undertaking this course (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"/>
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"/>

Cultural and Language Diversity			
Were you born in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which country were you born?		Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you identify yourself as any of the following? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	South Sea Islander <input type="checkbox"/>	
First language spoken at home			
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"/>

Disabilities – Do you consider yourself to have a disability or long term condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the area of disability			
Hearing <input type="checkbox"/>	Acquired Brain Impairment <input type="checkbox"/>		
Physical <input type="checkbox"/>	Vision <input type="checkbox"/>		
Intellectual <input type="checkbox"/>	Medical Condition <input type="checkbox"/>		
Learning <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>		
Mental Illness <input type="checkbox"/>			

Emergency Contact – Person you want us to contact in an emergency	
Name	Phone
Relation to Emergency Contact (eg: Son, Daughter, etc)	

Schooling – Are you still attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered 'no' what is your highest completed school level?		
Year 8 or lower <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>
Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>	Never attended school <input type="checkbox"/>
In which year did you finish your schooling?		
If yes, provide current grade		
Name of school		

Prior Qualifications Achieved	
Have you successfully completed any of the following qualifications?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, tick applicable boxes	
Bachelor Degree or High Degree <input type="checkbox"/>	Certificate III (or Trade Certificate) <input type="checkbox"/>
Advance Diploma or Associate Degree <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Diploma (or Associate Diploma) <input type="checkbox"/>	Certificate I <input type="checkbox"/>
Certificate IV (or Advance Certificate/Technician) <input type="checkbox"/>	Certificates other than the above <input type="checkbox"/>

Disclosure
Registered training organisations such as Health Industry Training and the National Centre for Vocational Education Research, conduct surveys of past and existing students. Outcomes play an important role in developing and delivering training and are used as part of customer satisfaction, continuous improvement and market purposes.
If you have any objection to being contacted, please tick here <input type="checkbox"/>

Privacy Statement

Personal information collected as a result of enrolling and completing qualifications with Health Industry Training will be used for general student administration. Only authorised personnel have access to this information. Your personal information may be disclosed to Australian and State Government authorities and agencies. If you are an apprentice/trainee, your personal information, attendance records and results may be disclosed to your employer. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law as set out in Information Standard 42 of the Information Privacy Principles.

STUDENT DECLARATION

- I confirm that the above information is true and accurate
- I agree to abide by Health Industry Training Student Code of Conduct (available on request)
- I acknowledge that all facilities and equipment made available to me will be used in a proper manner

Student signature:		Date: ___ / ___ / ___
--------------------	--	-----------------------

OFFICE USE ONLY			
Date Received:	___ / ___ / ___	Date Entered in System:	___ / ___ / ___
Entered by:	Name:	Signature:	