**A picture containing text, clock

Description automatically generatedSTUDENT ENROLMENT APPLICATION**

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| 1. **STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss | | * Male | | | * Female | | | | | * Other | | | | | | Date of Birth | | | | | | | / / | | | |
| Surname: |  | | | | | | Given Names: | | | | | |  | | | | | | | | | | | | | |
| Home Phone: |  | | | | | | | | | Mobile: | | |  | | | | | | | | | | | | | |
| Residential Address: |  | | | | | | | | | Suburb | | |  | | | | | | | Postcode: | | | | | |  |
| Postal Address: |  | | | | | | | | | Suburb | | |  | | | | | | | Postcode: | | | | | |  |
| Email Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred method of contact: | | | * Email | | | | | | | * Phone | | | | | | | | * SMS | | | | | | | | |
| 1. **TRAINING PROGRAM DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Code: |  | | | | | | Program Cost: | | | | | |  | | | | | | | | | | | | | |
| Program Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning Pathway: | * Training and Assessment | | | | | | | * Assessment Only | | | | | | | | | | | | | * VOC | | | | | |
| Start Date: | / / | | | End Date: | | / / | | | | | | | | Delivery Mode: | | | | | | * Classroom * Work Based | | | | | | |
| 1. **UNIQUE STUDENT IDENTIFIER (USI)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USI No: | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (10 digits in total) | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do not have a USI do you give Integral Skills permission to apply for one on your behalf? | | | | | | | | | | | | | | | | | | | * Yes | | | | | | * No | |
| To raise a USI we will need one of the following proof of Identity evidences. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drivers Licence No: |  | | | Expiry Date: | | / / | | | | | | | | State of Issue: | | | | | |  | | | | | | |
| Medicare Card No: |  | | | Expiry Date: | | / / | | | | | | | | Ref No: | | | | | |  | | | | | | |
| Name on Card: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CULTURAL DIVERSITY AND CITIZENSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander Origin? | | | | * No | | * Yes - Aboriginal | | | | | | | | | | * Yes – Torres Strait Islander | | | | | | | | | | |
| Are you and Australian or New Zealand Citizen? | | | | * Yes | | * No | | | | | If no what country were you born in?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 1. **EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Full Time employee * Part time employee * Self-employed (not employing others) * Employer | | | | | | | | * Employed – unpaid worker in family business * Unemployed seeking full time work * Unemployed seeking part time work * Unemployed not seeking employment | | | | | | | | | | | | | | | | | | |
| 1. **LANGUAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you speak a language other than English at home? | | | | * No – English only | | | | | | | | * Yes | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| If yes, how well do you speak English? | | | | * Very well | | | | | * Well | | | | | | * Not well | | | | | | | * Not at all | | | | |
| 1. **DISABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability? | | | | * Yes | | * No | | | | | | | | | | | | | | | | | | | | |
| Please state your disability, impairment or injury. | | | | * Hearing * Learning | | | | | | | * Intellectual * Mental Illness | | | | | | | | | | * Physical * Acquired | | | | | |
| 1. **PRIOR EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your highest level of school completed? | | | | | | | | * Year 9 or lower * Year 10 | | | | | | | | | | | | | * Year 11 * Year 12 | | | | | |
| In which year did you complete school? | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Have you successfully completed any of the following qualifications? | | | | | | | | | | | | | | | | | | * Yes | | | | | * No | | | |
| * Bachelor Degree or Higher Degree * Advanced Diploma or Associate Degree * Diploma or Associate Diploma * Certificate IV or Advance Certificate | | | | | | | | * Certificate III or Trade Certificate * Certificate II * Certificate I * Certificates - other | | | | | | | | | | | | | | | | | | |
| Do you wish to apply for Recognition of Prior Learning or Credit Transfer? | | | | | | | | | | | | | | | | | | * Yes | | | | | | * No | | |
| Do you consider that you have the literacy and numeracy skills to undertake the course? | | | | | | | | | | | | | | | | | | * Yes | | | | | | * No | | |

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| 1. **CORE SKILLS ASSESSMENT (INITIAL)** | |
| **Reading**  ACSF  3.03 | 1. Read the paragraph below and answer the questions that follow.   In warehouses and freight terminals across NSW, forklifts are used to lift, stack and transfer loads. WorkSafe NSW has a zero-tolerance approach to the unsafe use of forklifts, considered one of the most dangerous pieces of equipment found at NSW workplaces. To be effective, a forklift must be manoeuvrable. To achieve manoeuvrability, forklifts are designed to be compact, making them less stable than other vehicles and mobile plant. Forklifts have a range of limitations, from maximum load weight to speed. These factors affect the operator and the forklift itself. |
| **Writing**  ACSF  2.06 | 1. Answer the following questions in your own words. 2. Why does WorkSafe NSW have a zero-tolerance approach to the unsafe use of forklifts?          1. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these? |
| **Numeracy**  ACSF  a. 2.09  b. 3.03 | 1. The table below shows the minimum braking distance for common forklifts.   Use the information in the table to provide estimated answers to the following questions.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Reaction distance and total stopping distance | | | | | | | Speed (km/h) | 6 | 12 | 16 | 18 | 20 | | Distance travelled while driver reacts and applies brakes (m) | 2.5 | 5 | 6.7 | 7.5 | 8.3 | | Maximum stopping distance (m) | 2.9-3.2 | 7-8 | 9.5-12 | 11-14 | 13-16.5 |  1. What is the maximum stopping distance if the forklift is travelling at 20 km/h?      1. Even at 6km/h, a forklift driver will take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ metres to react and apply the brakes. He will need at least \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ metres to stop. |
| **Outcome** | For RTO use only: Is support required?  **No / Yes** |

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| 1. **REASON FOR STUDY** | | | | | | | | | | | | | |
| * To get a job or better job * To develop my existing business * To start my own business * I want extra skills for my job | | | | | | * It was a requirement of my job * To try for a different career * For personal interest or self-development * Other | | | | | | | |
| 1. **EMERGENCY CONTACT** | | | | | | | | | | | | | |
| Name: |  | | | | | | Relationship: | |  | | | | |
| Home Phone: |  | | | | | | Mobile: | |  | | | | |
| 1. **MARKETING AND IMAGES** | | | | | | | | | | | | | |
| How did you hear about us? | | | | * Existing Client * Internet | | | * Consultant * Employer | | | | | * Other | |
| Integral Skills may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below. | | | | | | | | | | | | | |
| * I do not wish to be contacted regarding future training opportunities. | | | | | | | | | | | | | |
| During training, photos or footage may be taken of you. Do you give Integral Skills permission to use these photos or footage for such things as improving training resources, promotional documents and reports? | | | | | | | | | | | * Yes | | * No |
| 1. **PAYMENT METHODS** | | | | | | | | | | | | | |
| **Credit Card Details (required to reserve a place in the course)** | | | | | | | | | | | | | |
| * Mastercard | | | | | | * Visa | | | | | | | |
| Card Holder Name: | | |  | | | | | | | | | | |
| Card Number: | | |  | | | | | | | | | | |
| Expiry Date: | | | / / | | Card (CVC Code) | | |  | | | | | |
| Credit cards will not be charged without prior notification, but *will* be charged upon the students’ cancellation of their place in the course. (See cancellation policy) | | | | | | | | | | | | | |
| **Tax invoice for Existing Account Holders** | | | | | | | | | | | | | |
| Company Name: | |  | | | | Purchase Order No: | | | |  | | | |

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| 1. **STUDENT DECLARATION** | | | |
| By signing this form, I certify that the information provided is true and correct. I further certify that:   * I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations. * I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy. * I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed. * I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance  with this notice. | | | |
| Signature: |  | Date: | / / |
| **RTO use only:**  Is learner support indicated? **No / Yes** Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details entered into system? **No / Yes**  Enrolment confirmation sent? **No / Yes**  Has payment being received? **No / Yes** Amount paid : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receipt No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  USI verified? **No / Yes**  Training scheduled to commence on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Full Name: |  | | |
| Signature: |  | Date: | / / |