

TRADITIONAL STONEMASONRY & CONSERVATION ENROLMENT FORM

Instructions: Fill in all sections clearly and carefully by writing in block letters. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Family Name: _____

Given Names: _____

Residential Address: _____
 _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Email: _____

Date of Birth _____ Gender: _____

Emergency Contact Details: Name/Relationship _____ Phone: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: _____

Course dates – please indicate
 your preferred date

☐	☐	☐
22-26/10/12	18-22/2/13	15-19/4/13

3 EMPLOYMENT DETAILS

Business Name: _____

Contact Name: _____ Email: _____

Address: _____

Town/Suburb: _____ Phone contact: _____

4 LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin,
mark both "Yes" boxes)

☐	No
☐	Yes, Aboriginal
☐	Yes, Torres Strait Islander

Were you born in Australia? _____ If not, please specify? _____

Are you an Australian citizen? _____ If not, please specify? _____

Do you speak a language other than English at home? ☐ No, English only (Go to disability section)
☐ Yes, other – please specify

How well do you speak English? ☐ Very Well ☐ Well ☐ Not well ☐ Not at all

5 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

☐ No	☐ Vision	☐ Hearing/Deaf	☐ Physical	☐ Medical Condition/ Allergy
☐ Other	☐ Intellectual	☐ Mental Illness	☐ Learning	☐ Acquired Brain Impairment

6 EDUCATION

What is your highest completed school level? In which year did you complete that school level

☐ Completed year 12	☐ Completed year 11	☐ Completed year 10
☐ Completed year 9 or equivalent	☐ Completed year 8 or lower	☐ Did not go to school

Are you still attending secondary school?

Yes

☐
☐

No

☐
☐

Have you successfully completed any of the following qualifications?

☐ Yes (please tick ANY applicable boxes)	☐ No (Go to the Employment section)
☐ Bachelor Degree 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)	☐ Certificates other than the above

7 EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

☐ Full-time employee	☐ Employed – unpaid worker in a family business
☐ Part-time employee	☐ Unemployed – seeking full-time work
☐ Self employed – not employing others	☐ Unemployed – seeking part-time work
☐ Employer	☐ Not employed – not seeking employment

8 STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

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

9 COURSE FEES

Non CITB Registered \$915

CITB Registered \$395

Payment of the full fee is required on application.

10 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Signed: _____ Date: _____

11 OFFICE USE ONLY

Student ID# _____	☐	Entered in Database	☐	History Card Created	☐	Induction Scanned
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