

Course Enrolment Form

1. Course Details	
Carpet and upholstery cleaning	
2. Eligibility Criteria	
A. Are you and Australian Citizen or resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Are you 25 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Have you completed a year 12 or equivalent certificate (in Australia)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Are you an Aboriginal/ Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Education & Literacy Background	
What was your highest level of education? i.e. year 9,10,11 or12	
Do you have any qualifications i.e. certificates II, III, IV, diploma, Degree?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' to the above what qualification, certificate or trade have you completed?	
How long ago did you complete this qualification?	
Is English your first language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you describe your reading & writing skills? (circle one)	
Limited Good Very Good	
4. Previous Employment History	
How long have you worked in this job?	
If less than 2 years where did you work previously?	
How many hours per week are you employed?	
5. Employment Status – for Skills Voucher:	
1. Employed for more than 1 hour per week	<input type="checkbox"/>
2. Unemployed job seeker	<input type="checkbox"/>
3. Income support recipient	<input type="checkbox"/>
4. Person not in the labour force	<input type="checkbox"/>
6. Required documentation – Skills Voucher	
1. Copy of Drivers License	<input type="checkbox"/>
2. Copy of Medicare Card	<input type="checkbox"/>

7. Personal Details			
First Name			
Surname			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Date of birth	/	/	
Address (number & Street)			
Suburb			
State		Post code	
Phone Number			
In which country were you born?			
If you were born in Australia, which state were you born?			
Do you have any special needs or disabilities?			
8. Employer Details			
Employer Name:			
Supervisors Name:			
Supervisors Position:			
9. Employer Address:			
Street:			
Suburb:			
State			
Post Code			
Phone:			
10. Declaration			
I understand that my personal details and progress through the traineeship may be supplied to the Department of Education and Training. I Declare all the above information to be true and correct.			
Signed: _____			
Date: _____			