

Personal Details (please print clearly)

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/	/	USI	
Surname						
Given Names						
Email						
Phone/Mobile						
Address						
Suburb		State		Postcode		
Concession Entitlement (NOTE: Concession rates cannot be processed until you have provided evidence of your concession to Tubal)						
<input type="checkbox"/> Healthcare Card		<input type="checkbox"/> Youth Allowance				
<input type="checkbox"/> Pensioner Concession Card		<input type="checkbox"/> AUSTUDY				
<input type="checkbox"/> Repatriation Health Benefits Card		<input type="checkbox"/> ABSTUDY				

Course Details

Name of Course			
Date of Course		Location	

Current Employment Details

Organisation Name		
Workplace Address		
Supervisor/Manager Name		
Supervisor/Manager Phone		
Supervisor/Manager Email		
Which one below best describes your current employment status?		
<input type="checkbox"/> Fulltime employee	<input type="checkbox"/> Part-Time employee	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Employer	<input type="checkbox"/> Unpaid worker

Language and Diversity

How well do you speak English?	Do you speak a language other than English at home?
<input type="checkbox"/> Very well <input type="checkbox"/> Not well	<input type="checkbox"/> Yes (please specify): _____
<input type="checkbox"/> Well <input type="checkbox"/> Not at all	<input type="checkbox"/> No
Which country were you born in?	Are you a permanent Australian resident?
<input type="checkbox"/> Australia	<input type="checkbox"/> Yes
<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> No (please attach copy of visa to this enrolment form)
Are you an Aboriginal or Torres Strait Islander?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	

Disability

Do you consider yourself to have a disability, impairment or long-term condition?			
<input type="checkbox"/> No (go to next section) <input type="checkbox"/> Yes (please specify) :			
<input type="checkbox"/> 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"/> Other	

Education

What is the highest grade you completed ?	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8/under <input type="checkbox"/> Never attended school
Year of completion?	
Are you currently undertaking any other form of online or institution based study?	<input type="checkbox"/> No <input type="checkbox"/> I'm still attending school <input type="checkbox"/> Yes (please specify): _____
Do you have any Prior Qualifications?	
<input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> NO (please go to next section)	
Most recent qualifications (e.g. Certificate III in Health Services Assistance)	Year Completed

Study Reason

Which category below best describes your reason for undertaking this course?	
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get a job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> Career change
<input type="checkbox"/> Requirement of current job	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> To develop my existing business	

Declaration

I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent for Tubal Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant Government bodies for auditing, regulation of training, obtaining feedback and as statistical information.

Name	Signature	Date

Information contained in this document is utilised in accordance with the Tubal P-042 Student Privacy Policy, available at <http://tubal.com.au/student-information/>

<input type="checkbox"/> I have a Unique Student Identifier – I authorise Tubal to look up for my enrolment on my behalf.	
<input type="checkbox"/> I don't have a Unique Student Identifier – I authorise Tubal to create one for me on my behalf.	
Signature: _____	Date: ____/____/____
A. Drivers Licence	
Drivers Licence #	State Issued: