

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"/> ABSTUDY		
<input type="checkbox"/> Pensioner Concession Card		<input type="checkbox"/> Repatriation Health Benefits Card		<input type="checkbox"/> AUSTUDY		

Qualification ^{^School Based Traineeships Only}

Hospitality

- SIT20316 Certificate II in Hospitality[^]
- SIT30616 Certificate III in Hospitality
- SIT40416 Certificate IV in Hospitality
- SIT50416 Diploma of Hospitality Management

Tourism

- SIT20116 Certificate II in Tourism[^]
- SIT30116 Certificate III in Tourism
- SIT40116 Certificate IV in Travel and Tourism
- SIT50116 Diploma of Travel and Tourism Management

Business

- BSB20115 Certificate II in Business[^]
- BSB30115 Certificate III in Business
- BSB40215 Certificate IV in Business

Events

- SIT30516 Certificate III in Events
- SIT50316 Diploma of Event Management

Business Administration

- BSB30415 Certificate III in Business Administration
- BSB40515 Certificate IV in Business Administration

Holiday Parks and Resorts

- SIT30416 Certificate III in Holiday Parks and Resorts
- SIT40316 Certificate IV in Holiday Parks and Resorts
- SIT50216 Diploma of Holiday Park and Resort Management

Leadership and Management

- BSB42015 Certificate IV in Leadership and Management
- BSB51915 Diploma of Leadership and Management

Work Health and Safety

- BSB30715 Certificate III in Work Health and Safety
- BSB41415 Certificate IV in Work Health and Safety

Retail

- SIR20216 Certificate II in Retail Services[^]
- SIR30216 Certificate III in Retail
- SIR40316 Certificate IV in Retail Management

Health

- HLT33115 Certificate III in Health Services Assistance
- CHC33015 Certificate III in Individual Support
- HLT33015 Certificate III in Allied Health Assistance
- CHC43415 Certificate IV in Leisure and Health

Short Courses

- Aquatic Facilities Group 2, 3 and 4
- Food Safety Course
- Manual Handling

First Aid

- HLTAID001 Provide cardiopulmonary resuscitation
- HLTAID003 Provide first aid
- HLTAID004 Provide an emergency first aid response in an education and care setting

Current Employment Description / Brief History of Work and Skills

Current Employment Details

Employer Trading Name			
Date of Employment (Start Date)			
Supervisor/Manager Name		Mobile	
Supervisor/Manager Email			
Workplace Address			
Host Employer Details (where applicable)			
Host Company Trading Name			
Host Contact/Supervisor Name		Mobile	
Email Address			

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

School Details (School Based Traineeships Only)

School Name			
MUST BE COMPLETED			
<input type="checkbox"/> I have discussed my interest in completing a school based traineeship in my workplace with my VET Coordinator and/or school principal. They have confirmed they support my decision to undertake a school based traineeship at my current workplace.			
School Contact			
Email		Phone	
What year are you in?	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10

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"/> Well <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No
Which country were you born in?	Are you a permanent Australian resident?
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Yes <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) :

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
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 Hospitality)	Year Completed

Study Reason

Which category below best describes your reason for undertaking this course/traineeship?	
<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	

Privacy Statement & Declaration

Under the Data Provision Requirements 2012, Tubal Pty Ltd (RTO 51679) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

I declare that I have answered all questions truthfully to the best of my knowledge. I understand that my personal details are confidential and are protected by relevant privacy laws. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Statement above.

Additional information relating to Student Privacy and the collection of personal data is available on our website at: <http://tubal.com.au/student-information/>

Name		Signature		Date	
If under 18, permission from the Parent or Guardian is required					<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Name		Signature		Date	
Email					
Mobile					

Unique Student Identifier Privacy Notice

From 1 January 2015, Tubal Pty Ltd cannot process your enrolment if you have not provided a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly by following the steps below.

Create Your Own USI

It only takes a couple of minutes to apply for your USI:

1. Ensure you have identification handy for the application - a copy of your drivers licence, medicare card, passport (Australian) or Birth Certificate (Australian) or Non-Australian Passport (with VISA) are recommended.
2. Go to <https://www.usi.gov.au/>
3. Select "Student Login"
4. Agree to terms and conditions
5. Select "Create USI"
6. Follow the steps to create a USI – this takes about 5 minutes.

Let Tubal Create a USI for You

If you would like us to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information located at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> by signing the box below and providing the details of one of the following ID types.

I authorise Tubal Pty Ltd (RTO ID 51679) to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

Signature: _____ **Date:** ____ / ____ / ____

Identification Types (please select one type of ID and complete all fields in box)

A. Drivers Licence	D. Passport (Australian)
Drivers Licence # _____	Document Number _____
State Issued _____	Expiry Date _____
B. Medicare Card	E. Passport (International)
Name on Card (print) _____	Passport Number _____
Card Number / Ref _____ / _____	Country of Issue _____
IRN _____	Expiry Date _____
Expiry Date _____ / _____	
Card Colour <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue	
C. Australian Birth Certificate	
State of Issue _____	
Registration # _____	
Registration Date _____	
Date Printed _____	
Certificate # _____	