

Personal Details (please print clearly)

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	USI Number	
Surname					
Given Names					
Email					
Phone/Mobile					
Address					
Suburb		State		Postcode	
Concession Entitlement (NOTE: concession rate for subsidised qualifications cannot be applied until evidence of valid concession is provided)					
<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	
<input type="checkbox"/> Dependants of inmates of a custodial institution		<input type="checkbox"/> Under State Government Care, CEO Dept of Child Protection (exempt)			

Qualification ^{^Available as a School-Based Traineeship}

Hospitality

- SIT20316 Certificate II in Hospitality[^]
- SIT30616 Certificate III in Hospitality
- SIT40416 Certificate IV in Hospitality
- SIT50416 Diploma of Hospitality Management
- SIT20416 Certificate II in Kitchen Operations

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 Course

- Aquatic Facilities Groups 2, 3 & 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

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"/> To try for a different career |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> To develop my existing business | |

Current Employment Details

Employer Trading Name			
Employment Start Date			
Supervisor/Manager Name		Mobile	
Supervisor/Manager Email			
Workplace (Site) Address			
Employment Category / Status			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Part-Time employee <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Self-employed (employing others) <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Self-employed (not employing others)			

Host Employer Details (if applicable)

Host Company Trading Name			
Host Contact/Supervisor Name		Mobile	
Supervisor Email			
Workplace (Site) Address			

School Details (School-Based Traineeships Only)

School Name			
Contact Name/VET Coordinator			
School Contact Email		Phone	
What year are you in?	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10

MUST BE COMPLETED

I have discussed my interest in completing a School-Based Traineeship with my VET Coordinator and/or School Principal. They have confirmed to support my decision to undertake a School-Based Traineeship at my current workplace.

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"/> No <input type="checkbox"/> Yes (please specify): _____
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?

No Yes (please specify):

Education

Highest School level completed

Year 12 Year 11 Year 10
 Year 9 Year 8 or below Did not go to School

Are you currently undertaking any other form of online or institution-based study?

No
 I'm still attending school
 Yes (please specify): _____

Do you have any Prior Qualifications?

No Yes (please specify below)

e.g. Certificate/Diploma/Degree

Year Completed

Skills and Experience

Do you wish to apply for RPL (Recognition of Prior Learning)?

No Yes

Outline your skills and prior experience

Privacy Notice and Student Declaration

Information regarding the Privacy Notice and the collection of personal data is available on Tubal's website at <http://tubal.com.au/student-information/>

Refer to <https://www.usi.gov.au/documents/privacy-policy> for a copy of the USI Privacy Policy

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 Notice of the Department of Education and Training.

I understand that Tubal Pty Ltd will process my enrolment only when I have provided my Unique Student Identifier (USI) Number.

Do you consent for your School to receive a copy of the Qualification? Yes No

Do you consent for your Employer to receive a copy of the Qualification? Yes No

Name

Signature

Date

If under 18, Parent/Guardian's consent will be required prior to commencement of training.

Name

Parent Guardian

Mobile

Email