



Participant Enrolment Form

Participant Details

Participant's Name: _____ Male Female

Address: _____ P'Code: _____

Phone: (Home) _____ (Mob) _____ Date of Birth: ____/____/____

Email Address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

Course Enrolment

Course Code & Title: _____

Course Start Date: _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- | | |
|---|--|
| <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Employed - unpaid family worker |
| <input type="checkbox"/> Part time Employee | <input type="checkbox"/> Unemployed - seeking full time work |
| <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Unemployed - seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |

Marketing and Research

How did you hear about us...?

- Referred by a friend Internet flyer / brochure Newspaper

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If no what was your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

PROOF OF IDENTITY REQUIREMENTS

ATI require that you produce proof of identity at the commencement of your course. Therefore you must bring the following to the course for inspection. It is a condition of entry to any of our courses that you provide proof of identity. A Sample of items that may be used as proof of identity are listed below.

RTA issued Drivers Licence, NSW Photo ID Card or passport

Education

What is your highest COMPLETED school level?

- Year 9 or lower Year 10 Year 11 Year 12

In which YEAR did you complete that school level? _____

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate Advanced/Technician Certificate
 Other Certificate Associate Diploma
 Undergraduate Diploma Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? _____

Disability

Do you consider yourself to have a permanent disability? Yes No

If YES, tick ANY applicable boxes:

- Visual/Sight/Seeing Intellectual
Hearing Chronic Illness
Physical Other

If you require assistance for a disability, please give details: _____

The information you have provided will remain private and confidential.

Fees Policy

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

I have read and accepted the terms and conditions of the Assessment process and the standards as stated in the Participants Handbook

I give permission for Australian Training Institute to discuss my training progress and results with appropriate people as deemed necessary by Australian Training Institute.

I give permission for Australian Training Institute to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats.

I also give permission for Australian Training Institute to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: _____



PLEASE SIGN HERE

Date: _____