

Form No: Version No: 0.01	STUDENT ENROLMENT FORM	
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Is this the first time you have enrolled with Sanctuary College? Yes / No
 Are you enrolling in a formal course? Yes / No
 If **YES**, then state course title:..... Code:.....
 If **NO**, then you are enrolling in module/unit of competency only activity Code: NON

I will be studying (tick ONE box only) Full Time Part Time

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		
First Name		Last Name	
Address: (Residential)			
SUBURB:		POSTCODE:	
Address: (Postal) If different from above			
SUBURB:		POSTCODE:	
Telephone Number	H:	W:	M:
Email:			
Date of Birth		Gender	M / F (circle)

The Department of Further Education, Employment, Science and Technology collect the required information on this form for use by the Commonwealth Department of Education, Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

Were you born in Australia?	Yes / No	Are you an Australian Citizen	Yes / No
If not born in Australia, what country were you born in?			
What is the language you speak mainly at home?			
How well do you speak English	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/> Not at all <input type="checkbox"/>

Are you of Aboriginal or Torres Strait Islander Origin?			
No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>			
Do you consider yourself to have a disability, impairment or long-term condition?			Yes / No
If YES, please indicate the area/s or disability, impairment or long-term condition			
Hearing/Deaf <input type="checkbox"/>	Physical <input type="checkbox"/>	Medical Condition <input type="checkbox"/>	Vision <input type="checkbox"/>
Learning <input type="checkbox"/>	Mental Illness <input type="checkbox"/>	Acquired Brain Impairment <input type="checkbox"/>	Intellectual <input type="checkbox"/>
What is your highest COMPLETED school level? Please tick ONE box	Completed Yr 12 <input type="checkbox"/>	Completed Yr 9 or Equivalent <input type="checkbox"/>	
	Completed Yr 11 <input type="checkbox"/>	Completed Yr 8 or Lower <input type="checkbox"/>	
	Completed Yr 10 <input type="checkbox"/>	Did not go to school <input type="checkbox"/>	
In which year did you complete that school level?			
Are you still attending secondary school?	Yes / No		
Name of last school you attended	Yes / No		

Have you completed any qualifications since leaving school	Yes / No		
If you answered YES to the above question please tick the box which best describes your qualification/s.			
Bachelor Degree or Higher Degree		Advanced diploma or Associate Degree	
Diploma (or Associate Diploma)		Certificate IV (or Advanced Certificate/Technician)	
Certificate III (or Trade Certificate)		Certificate II	
Certificate I		Certificate other than listed above	
Of the following categories, which BEST describes your current employment status?			
Full-time employee		Employed – unpaid worker in a family business	
Part-time employee		Unemployed – seeking full time work	
Self employed – not employing others		Unemployed – seeking part-time work	
Employer		Not employed – not seeking employment	

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)			
To get a job		It was a requirement of my job	
To develop my existing business		I wanted extra skills for my job	
To start my own business		To get into another course of study	
To try for a different career		For personal interest	
To get a better job or promotion		For self-development	
Other reasons			

Employer Business Name:

Date:

I am aware that the information in this enrolment form may be provided to the State Training Authority and National Council Vocational Education Research for statistical purposes.

I agree to maintain a minimum of 80% attendance.
Students who fall below this attendance rate will have to show why they should not be withdrawn

Signed (Student)