

Enrolment Form



Course	State	Course delivery
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Workshops / Tutorials <input type="checkbox"/> Recognition of Prior Learning
Proposed start date <input type="text"/>	Proposed end date <input type="text"/>	

Unique Student Identifier

Your USI (if you already have one)

If you do not have a USI you can apply for one at usi.gov.au. You must supply your USI before any Certificates, Statements of Attainment or qualification can be issued as a result of the successful completion of this course. It is your responsibility to provide your USI.

Personal Details (Proof of identity will be required for enrolment)

Family Name Given names

Residential Address

Postal Address

Phone Numbers: Home Work Mobile

Email address:

Date of Birth Country of Birth Gender ☐ M ☐ F

Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes: Please specify

Are you an Australian Citizen or Permanent Resident? ☐ No ☐ Yes: Please specify

Do you speak a language other than English at home? ☐ No ☐ Yes: Please specify

If yes, how good is your spoken English? ☐ Excellent ☐ Good ☐ Limited ☐ Poor / None

Your Current Employment

Your current position / title Start date with this employer

Employers Trading name Business Phone number

Your workplace supervisors / managers name Best contact number

Workplace Address

Your employment status:

- ☐ Full-time employee
- ☐ Part-time employee
- ☐ Unemployed - seeking full-time work
- ☐ Unemployed - seeking part-time work
- ☐ Unpaid work in a family business
- ☐ Self-employed - not employing others
- ☐ Employer
- ☐ Not employed - not seeking employment



Your Education and Training

What is your highest completed school year? ☐ Year 8 or lower ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12

In which year did you complete that school level? Are you currently attending school or TAFE? ☐ No ☐ Yes

Since leaving school have you completed any of the following national qualifications? ☐ Yes ☐ No

Indicate the levels of the qualifications achieved and the year achieved

- | | |
|---|---|
| <input type="checkbox"/> Certificate 1 | <input type="checkbox"/> Certificate 4 (Advanced certificate / technician) |
| <input type="checkbox"/> Certificate 2 | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Certificate 3 (or trade certificate) | <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Degree or higher |

Additional Learning Needs

Do you consider yourself to have a permanent disability, impairment or long-term condition that may impact your learning? ☐ No ☐ Yes

☐ Vision ☐ Hearing ☐ Physical ☐ Medical ☐ Learning ☐ Other: please advise:

The course / qualification/ licence you are enrolling in will require a foundation level of LLN skills. Please tick the box(es) below if you require additional assistance in any of these areas. If you are unsure please request a confidential LLN self-assessment form to complete. If further assistance is required we will contact you and provide details of support providers. By ticking "Not applicable" below you consider yourself to have adequate literacy and numeracy skills to undertake your nominated course/ qualification / licence

☐ N/A ☐ Language (English) ☐ Literacy (ability to read or write) ☐ Numeracy (ability to understand & apply number concepts)

Enrolment Signature and Consent

By signing this form, I certify that the information provided is true and correct. I further certify that I have read and understood the following:

- I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations. This was done prior to me commencing my course & enrolment.
- I have reviewed the Schedule of Fees and Payments and have read the refund policy in the student handbook.
- I have reviewed the relevant course brochure and have been informed of the training and assessment services to be provided and the units of competency to be completed.
- I hold the appropriate approval to undertake a course / study in Australia and confirm that I do not hold Medical Rescue Training liable in any way if upon completion an external government regulator will not register or approve me.
- I consent to Medical Rescue Training storing my information for any purpose in line with the regulators requirements & rules.
- The information I have provided in this form is true and correct, I have informed Medical Rescue Training of everything that may affect me undertaking this course in the enrolment form provided.

As part of Medical Rescue Training's Continuous Improvement Policies I agree that my course feedback may be used for marketing and / or course improvement purposes as required ☐ Yes ☐ No

I have attached evidence of my: ☐ Identification and ☐ Address. ID supplied:

Full Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Rescue Training Pty Ltd Representative

By signing this form, I certify that I will make every effort to deliver on the services outlined to student and provide every possible opportunity for the student to complete their planned course/licence/qualification.

Full Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



** Please note there is a 2% surcharge on each credit card transaction that is required