

Trainee Enrolment Details

NSW Apprenticeship/Traineeship - Training Plan

1.1 Apprentice/Trainee Personal Details			
Title:	Given Name	Middle Name	
Surname		Preferred	
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Employer			
Home Address			
Suburb		State	Postcode
Phone Nos (M)	(H)	(B)	
Email/s (H)		(B)	
Postal Address (if different to residential address)			
Suburb		State	Postcode
Aboriginal or Torres Strait Island origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Previous College Student
Course to Enrol in			
Student Statistics			
<p><i>The College uses the information below to determine whether you are eligible for enrolment and additional assistance; whether the course you are enrolled in is the most appropriate; and also for marketing and statistical purposes. The information is also sent to the relevant Government Training authorities for use for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes. If answering any of these questions concerns you, or you would like more detail about why we need the information and how we use it please discuss this privately with a College Trainer or Assessor.</i></p>			
1. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Country of Birth <input type="checkbox"/> Australia or <input type="checkbox"/> Other: _____	3. Citizenship: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> Temporary Australian Resident	
4. Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		6. How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
5. Do you speak a language other than English at home? <input type="checkbox"/> No – English only <input type="checkbox"/> Yes – Please specify either language: _____			
Please self-rate your reading skills: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average			
Please self-rate your numeracy skills: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average			

7. Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes go to Q8 <input type="checkbox"/> No go to Q9	8. If yes to Q7 – indicate the area/s of disability, impairment or long-term condition <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other: _____
9. Highest School level completed <input type="checkbox"/> Yr 12 or equivalent <input type="checkbox"/> Yr 11 or equivalent <input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 9 or equivalent <input type="checkbox"/> Yr 8 or below <input type="checkbox"/> Never attended school	
10. In what YEAR did you complete this level of schooling: 19____ or 20____	11. Are you still attending school: <input type="checkbox"/> Yes <input type="checkbox"/> No
12. ✓ if you have you successfully COMPLETED any of the following qualifications: <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advanced Certificate <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I	
13. Which of the following categories best describes your current employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Part Time <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)	
14. Which of the following best describes your main reason for undertaking this course/ traineeship: <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing skills <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	

NB - Employer and Trainee to sign Apprenticeship/Traineeship Training Plan