

PARTICIPANT ENROLMENT INFORMATION

FIRST NAME/S:	SURNAME:			
ADDRESS:		SEX:	М	F
SUBURB:	POSTCODE:			
POSTAL ADDRESS IF DIFFERE	NT FROM ABOVE			
Date of Birth:	MOTOR DRIVERSLICENCE:			
PHONE:	MOBILE:			
EMAIL:				
COUNTRY OF BIRTH:	1ST LANGUAGE:			
OTHER LANGUAGE	HOW WELL DO YOU SP	EAK ENG	LISH?	
	VERY WELL WELL NOT WELL NOT AT ALL			
ARE YOU OF ABORIGINAL OR	TORRES STRAIT ISLANDER ORIGIN	?	Yes: I	No:
DO YOU HAVE A DISABILITY,	IMPAIREMENT OR LONG TERM CON	DITION:	Yes:	No:

IF YES PLEASE CIRCLE THE DISABILITY/S:

HEARING/DEAF
PHYSICAL
INTELLECTUAL
LEARNING
MENTAL ILLNESS
ACQUIRED BRAIN IMPAIRMENT
VISION MEDICAL CONDITION
OTHER

Office use only			
Pre-Requisites	Yes	No	
National Recognition	Yes	No	
Pre-enrolment interview	Yes	No	
Meets all requirements	Yes	No	



PARTICIPANT ENROLMENT INFORMATION CONT

SCHOOLING:

WHAT IS THE HIGHEST COMPLETED SCHOOL LEVEL? YR9, YR10, YR11, YR12

IN WHICH YEAR DID YOU COMPLETE THAT LEVEL?

ARE YOU STILL AT SECONDARY SCHOOL: YES: NO:

WHAT IS YOUR HIGHEST LEVEL OF ACADEMIC ACHIEVEMENT:

BACHELOR DEGREE OR HIGHER

ADVANCED DIPLOMA OR ASSOCIATE DEGREE

DIPLOMA (OR ASSOCIATE DIPLOMA)

CERTIFICATE IV (OR ADVANCED CERTIFICATE/TECHNICIAN)

CERTIFICATE III (OR TRADE CERTIFICATE)

CERTIFICATE II
CERTIFICATE I

CERTIFICATES OTHER THAN THE ABOVE

WHAT IS YOUR REASON FOR STUDYING:

TO GET A JOB

TO DEVELOP MY EXISTING BUSINESS

TO START MY OWN BUSINESS

TO TRY FOR A DIFFERENT CAREER

TO GET A BETTER JOB OR PROMOTION

IT IS A REQUIREMENT OF MY JOB

I WANTED EXTRA SKILLS FOR MY JOB

TO GET INTO ANOTHER COURSE OF STUDY

FOR PERSONAL INTEREST OR SELF-DEVELOPMENT

OTHER REASONS

ARE YOU CURRENTLY EMPLOYED? YES: NO: .

WHAT TYPE OF EMPLOYMENT: (TICK ONE BOX ONLY)

FULL-TIME EMPLOYEE PART-TIME EMPLOYEE

SELF EMPLOYED—NOT EMPLOYING OTHERS

EMPLOYER

EMPLOYED—UNPAID WORKER IN A FAMILY BUSINESS

UNEMPLOYED—SEEKING FULL-TIME WORK UNEMPLOYED—SEEKING PART-TIME WORK NOT EMPLOYED—NOT SEEKING EMPOLYMENT

PAYMENT RECEIVED YES/NO AMOUNT: \$ METHOD: CASH/EFTPOS

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