 BLP Training & Services trading as PVO Training	QCHESS MANAGEMENT SYSTEM	Doc No:	BLP-COR-FRM-006.0
		Rev Date:	26 November 2020
STUDENT ENROLMENT FORM - EFORM			

Student Enrolment Form


Program Name



First Name			
Surname			
Course Start Date			
Course End Date			
Unique Student identifier (USI) Number **			
Driver's Licence Number		State of Issue	
Date of Birth			

** To create or recover a Unique Student Identifier (USI), follow the below link to the USI website;

<https://www.usi.gov.au/students/how-do-i-create-usi>

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SECTION A: PARTICIPANT DETAILS - (Please Use Block Letters if completing by hand)

Company/Organisation					
First Name		Middle Name		Surname	
Home address					
Suburb/Town		State		Post	
Postal address					
Suburb/Town		State		Post	
Mobile		Phone (W)		Phone	
Company Email			Personal Email		
Emergency Contact			Relationship		
Phone			Mobile		

SECTION B: REASON FOR STUDY

Of the following categories, which best describes your main reasons for undertaking this course/traineeship? Please tick one box only:

<input type="checkbox"/>	To get a job	<input type="checkbox"/>	It was a requirement of my job
<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job
<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	To get into another course of study
<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>	For personal interest or self-development
<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>	Other reasons

SECTION C: STATISTICAL DATA

EMPLOYMENT STATUS - Please tick one of the following options which best describes your current employment status:

<input type="checkbox"/>	Full time employee	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Part time employee	<input type="checkbox"/>	Unemployed – seeking full time work
<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>	Unemployed – seeking part time work
<input type="checkbox"/>	Self-employed – not employing others	<input type="checkbox"/>	Not employed – not seeking employment

PRIOR EDUCATION - Have you successfully completed any of the following qualifications? Select all that apply


<input type="checkbox"/>	Bachelor's degree or Higher Degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Diploma level or Associate Diploma	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate IV or Advanced Certificate / Technician	<input type="checkbox"/>	Certificates other than the above

SCHOOLING - Highest School Level Completed

<input type="checkbox"/>	I am still attending school?	<input type="checkbox"/>	Completed Year 10 or equivalent
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 9 or equivalent
<input type="checkbox"/>	Completed Year 12 or equivalent	<input type="checkbox"/>	Completed Year 8 or below
<input type="checkbox"/>	Completed Year 11 or equivalent	<input type="checkbox"/>	Year was your highest level completed?

COUNTRY OF BIRTH

County of Birth			
Citizenship			
<input type="checkbox"/>	Australian Citizen	<input type="checkbox"/>	Australian Temporary Resident
<input type="checkbox"/>	Australian Permanent Resident	<input type="checkbox"/>	New Zealand Citizen
<input type="checkbox"/>	Other (Please specify)		

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LANGUAGE			
<input type="checkbox"/> I only speak English at home			
<input type="checkbox"/> I speak a language, other than English, at home		Please specify the language	
How well do you speak English if it is NOT your first language		<input type="checkbox"/> Well	<input type="checkbox"/> Not Well
Are you interested in accessing support to improve your English if help was available?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in accessing support to improve your English if help was available?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you need special assistance to complete this training?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
What type of Support do you think would be of benefit?			

DISABILITY			
Do you consider yourself to have a disability, impairment or long term condition?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please tick ANY applicable boxes:			
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Medical Condition		
<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Learning		
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain Impairment		
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other Unspecified		

ABORIGINAL TORRES STRAIT ISLANDER STATUS			
Do you identify as Aboriginal or Torres Strait Islander? status?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, do you identify as Aboriginal?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, do you identify as Torres Strait Islander?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, do you identify as Aboriginal & Torres Strait Islander?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

GENDER			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other – Please specify	

PRIVACY ACT / FREEDOM OF INFORMATION AND PARTICIPANT ACKNOWLEDGMENT DECLARATION

BLP Training & Services Pty Ltd abides by the Freedom of Information and Privacy Act. The information collected in this application: (i) is for the purposes of registration, program monitoring and evaluation, (ii) may be disclosed to your employer, and (iii) will be used by ASQA for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for these purposes. The information I have provided on this form is correct. I have received a copy of the pre-enrolment information and a copy/access of Student Handbook and understand the information provided and I am aware of my responsibilities.

(Applicable if undertaking a firearms safety course) - I have completed & understand the requirements of Form 33 (Declaration by Unauthorised Person for Use of a Weapon at an Approved Range). Language, literacy and numeracy support, the appeals process, refunds, Recognition of Prior Learning (RPL) and obligation to recognise qualifications and statements of attainment issued by any other RTO's were explained to me.

HEALTH — By signing this enrolment form I acknowledge that the BLP Training & Services Pty Ltd course may involve practical work within conditions that may be stressful. I do not suffer from any of the above disorders or conditions that may inhibit my participation during the conduct of this course. I further acknowledge that in admitting me to the course, BLP Training & Services Pty Ltd does not assess my physical or mental condition or preparedness for the course but relies on my statement above.

USI — By Signing this enrolment form, I authorise BLP Training & Services Pty Ltd I to access the USI registry and confirm my USI details, or create a USI on my behalf, should I have not already created my own.

RELEASE OF INFORMATION — I hereby give my permission to BLP Training & Services Pty Ltd to release information about my training to the above employer (if the course is funded by the employer for employment related activities). I understand that BLP Training & Services Pty Ltd will email a copy of my Statement of Attainment/Certificate to the above company.

STUDENT AGREEMENT — By signing this enrolment form I acknowledge that I have read and agreed to the terms and conditions outlined in the Student Handbook.

Participant Signed	Date:
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If the SUBMIT button does not work, please use the 'Save' function and attach to an email to training@blpts.com.au

ENROLMENT NOTES: