

# Enrolment form

Course details:	
<input type="checkbox"/>	AUR SS 00046 - Advanced Body Repair Skill Set (Panel beaters only)
<input type="checkbox"/>	AUR SS 00047 - Advanced Body Repair Welding Skill Set (Panel beaters only)
<input type="checkbox"/>	AUR SS 00048 - Advanced Vehicle Refinishing Skill Set (Spray painters only)
Commencement: <input type="checkbox"/> next course <input type="checkbox"/> specified date:	

Employer details	
Business name:	
Contact:	
Email:	
Phone:	Fax:
Postal Address:	
	Post code:
<input type="checkbox"/> Do not contact student at work	<input type="checkbox"/> Employer should not be contacted

Student details:		
First name:	Last name:	
<input type="checkbox"/> Panel beater	<input type="checkbox"/> Spray painter	
Email:		
Home Phone:	Mobile:	DOB
Postal:		P/C:

The best time to contact me is:

- Any time   
  after hours from ..... to .....   
 Time zone: .....  
 Saturday   
  Sunday   
  email or text only

Do you speak a language OTHER THAN English at home?                       Yes     No

If yes, please specify language: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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**Student details continue:** *(Student to complete)*

How well do you speak English:  Very Well,  Well,  Not well,  Not very well,

Are you of Aboriginal or Torres Strait Islander origin?  Yes  No

If yes: Are you Aboriginal?  Yes Are you of Torres Strait Islander origin?  Yes

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

Type of disability:  Hearing/deaf,  Physical,  Intellectual,  Learning,  Mental Illness  
 Acquired Brain Impairment ,  Vision/sight,  Medical Illness, Other \_\_\_\_\_

**Employment Status:**

Full Time,  Part Time,  School based,  Un-paid worker in a family business

Highest school level completed: (eg. 11) \_\_\_\_\_ Year (eg. 2009) \_\_\_\_\_

Did not go to school

Have you successfully completed any of the following qualifications:  Yes  No

Certificate I,  Certificate II,  Certificate III,  Certificate IV,  Diploma or higher

Miscellaneous Education, List course \_\_\_\_\_

Which best describes your main reason for undertaking this training program? Please tick **ONE** box only

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<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 was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> For personal interest
<input type="checkbox"/> For self development	<input type="checkbox"/> Other reasons	

**PRIVACY POLICY**

Automotive Academy is required to collect the information detailed on this enrolment form for the management of its own operations and records and for reporting as required by both State and Federal Government Departments. We are committed to protecting and managing the personal information you choose to share with our organization, and when there is no longer any legitimate purpose in retaining such information it will be disposed of appropriately. Any student details will only be released with the student's written consent  
 I consent to Automotive Academy using the information I provide and they subsequently gather, for the purpose it was collected, to assist in the administration of products and services and to carry out all necessary activities associated with their operational business activities, workplace compliance and legal governance issues .I understand that my student details may be viewed as part of an audit process by government officials.

I have read the policies and procedures within the Student Handout and course information sheets.  
 I certify that the information on this form is correct and that I understand and agree to the terms of this document.

**Student sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only**

**Trainer name:** \_\_\_\_\_ **Trainer sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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