

GTNT Training Enrolment Form (TRP-ES001-01)



This form comes from the following procedure: TRP-ES001 Training Enrolment Procedure

Choose your short course program you wish to enrol into

<input type="checkbox"/>	CHCSS00070 Assist Clients with Medications	<input type="checkbox"/>	SITSS00058 Environmentally Sustainable Hospitality and Restaurant Operations
<input type="checkbox"/>	Hospitality Cleanliness and Hygiene	<input type="checkbox"/>	Introduction to Infection Control
<input type="checkbox"/>	Plan, Cost & Develop Menu's for Special Dietary Requirements (Non– Accredited course)	<input type="checkbox"/>	HLTINFCOV Infection Control (COVID 19)
<input type="checkbox"/>	Other:		

Office Use Only: Identify Funding program

Entitlement Program	<input type="checkbox"/>	User Choice	<input type="checkbox"/>
VETiS Program (VET in Schools)	<input type="checkbox"/>	Fee for Service	<input type="checkbox"/>

Personal Details

1. Enter your full name

First name			
Middle name/s			
Family name (Surname)			

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your date of birth

Day/Month/Year	/	/	
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3. Gender (Tick ONE box only)

Male Female Other

4. Enter your contact details

Home phone		Work Phone	
Mobile			
Primary email address			
Preferred contact method	<input type="checkbox"/> Home phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Email



5. What is the address of your usual residence?

Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/Property Name			
Flat/Unit No			
Street or Lot Number		(e.g. 28 or Lot10997)	
Street Name			
Suburb, locality, community or Town			
State/Territory		Post Code	
Country			

6. What is your Postal Address (if different from above)

Please provide the postal address.

Building/Property Name			
Flat/Unit No			
Street or Lot Number		(e.g. 28 or Lot10997)	
Street Name/PO Box			
Suburb, locality, community or Town			
State/Territory		Post Code	
Country			

Next of Kin Details

Name	
Relationship	
Contact Number	
Email	



Language and cultural diversity	
7. In which country were you born?	
Australia <input type="checkbox"/> 1101	
Other – please specify -----	
Visa Details: -----	
8. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	
No, English only <input type="checkbox"/> 1201 English only – Go to question 10	
Yes, other – please specify -----	
9. How well do you speak English?	
Very well <input type="checkbox"/> 1	Not well <input type="checkbox"/> 3
Well <input type="checkbox"/> 2	Not at all <input type="checkbox"/> 4
10. Are you Aboriginal or Torres Strait Islander origin?	
No <input type="checkbox"/>	
Yes, Aboriginal <input type="checkbox"/>	
Yes, Torres Strait Islander <input type="checkbox"/>	
Disability	
11. Do you consider yourself to have a disability, impairment or long-term condition?	
Yes <input type="checkbox"/> Y	
No <input type="checkbox"/> N No – Go to question 12	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)	
Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19



Schooling	
12. What is your highest COMPLETED school level?	
Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02 – Go to question 14
What calendar YEAR did you complete that school level? -----	
13. Are you still attending secondary school?	
Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Previous/current qualifications achieved	
14. Have you SUCCESSFULLY completed any of the following qualifications	
Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N No – go to question 16
15. If YES, then tick ANY applicable boxes	
Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Certificates other than the above	<input type="checkbox"/> 990

Employment	Study Reason
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<p>16. Of the following categories, which BEST describes your current employment status?</p> <p style="text-align: center;">(Tick ONE box only)</p> <p>Full-time employee <input type="checkbox"/> 01</p> <p>Part-time employee <input type="checkbox"/> 02</p> <p>Self employed – not employing others <input type="checkbox"/> 03</p> <p>Employer <input type="checkbox"/> 04</p> <p>Employed – unpaid worker in a family business <input type="checkbox"/> 05</p> <p>Unemployed – seeking full-time work <input type="checkbox"/> 06</p> <p>Unemployed – seeking part-time work <input type="checkbox"/> 07</p> <p>Not employed – not seeking employment <input type="checkbox"/> 08</p>	<p>17. Of the following categories, which BEST describes your main reason for undertaking this course /traineeship /apprenticeship?</p> <p style="text-align: center;">(Tick ONE box only)</p> <p>To get a job <input type="checkbox"/> 01</p> <p>To develop my existing business <input type="checkbox"/> 02</p> <p>To start my own business <input type="checkbox"/> 03</p> <p>To try for a different career <input type="checkbox"/> 04</p> <p>To get a better job or promotion <input type="checkbox"/> 05</p> <p>It was a requirement of my job <input type="checkbox"/> 06</p> <p>I wanted extra skills for my job <input type="checkbox"/> 07</p> <p>To get into another course of study <input type="checkbox"/> 08</p> <p>For personal interest or self-development <input type="checkbox"/> 12</p> <p>Other reasons <input type="checkbox"/> 11</p>
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Unique Student Identifier

From 1 January 2015, we GTNT Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

18. Enter your Unique Student Identifier (if you already have one)

Unique student identifier

Language, Literacy and Numeracy (LLN)

GTNT Training delivers all its courses in English, the language in which legislation, regulations and other information are written and attempts to establish students LLN needs prior to course commencement. Potential students are advised they need to have the required levels of literacy and numeracy for the course they intend to enroll in.

If students are currently attending school, this LLN ability assessment will be sought from the teacher responsible for organising the training with GTNT Training.

If students are not school students and are enrolling in the course independently or through an employer, they will need to contact GTNT Training if they have any doubts of their ability to complete the assessments due to LLN needs.

Also, if students are identified as needing assistance after course commencement a strategy will be provided by the GTNT. This strategy may include referral to a professional organisation such as an Adult Education Institution

I believe I have the required language, literacy and numeracy skills to complete the course

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO, GTNT Training, is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes: School - if I am a



secondary student undertaking VET, including a school based apprenticeship or traineeship, Employer - if I am enrolled in training paid by my employer, Government departments and authorised agencies and researchers

I confirm that:

- Y N I give permission for GTNT to use my USI to access previous transcripts (for purpose of Credit Transfer or RPL) and, as required, to update my personal details on my behalf.
- Y N *If I am currently completing training through my school*, that I give permission to GTNT Training to update the school on my progress and to send my enrolment results from this course to the school.
- I understand that I will need to pay a fee if I require a reprint of my Certificate, Statement of Attainment or Certificate of Attendance.
- Y N I give consent for Training to use my name and photo for marketing and advertising purposes.
- I can expect to receive my Certificate 30 days after I have been deemed Competent for my last unit required for the full qualification, or my Statement of Attainment 30 days after I have notified the RTO that I will not be completing the course.
- I understand that the information requested by this form is being collected by GTNT Training for providing training and assessment services and reporting statistics. GTNT Training will not disclose the information provided by you on this form to third parties except to government bodies, as required or authorised by law in accordance with our Privacy Policy which is available by contacting GTNT Training on 08 8980 0600

Student Signature:	
Name:	
Date:	