

ENROLMENT FORM - VET FOR SECONDARY STUDENTS

Secondary School:	
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STUDENT DETAILS:

First Name:		Middle Name:	
Surname:			
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____	Date of Birth:	/ /
Mobile:		Parent Contact No:	
Email:			

Address:			
Suburb:		State:	
		Postcode:	

Nationality:			
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USI (Unique Student Identifier) Number:	If you don't have one, create one here: https://www.usi.gov.au/students/create-usi . The USI must be recorded in our system before a certificate can be issued.		
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QUALIFICATION OR SHORT COURSE (refer to prices on our website):

<input type="checkbox"/>	HLT35021 Certificate III in Dental Assisting
<input type="checkbox"/>	HLT35115 Certificate III in Dental Laboratory Assisting (Belmont only)
<input type="checkbox"/>	HLT45021 Certificate IV in Denal Assisting
<input type="checkbox"/>	HLT23221 Certificate II in Health Support Services (Health Administration specialization)
<input type="checkbox"/>	HLT33115 Certificate III in Health Services Assistance
<input type="checkbox"/>	CHC33021 Certificate III in Individual Support
<input type="checkbox"/>	HLT21020 Certificate II in Medical Services First Response
<input type="checkbox"/>	BSB41419 Certificate IV in Work Health and Safety (Belmont only)
<input type="checkbox"/>	BSB40520 Certificate IV in Leadership and Management (Belmont only)
<input type="checkbox"/>	CPCCWHS1001 Prepare to work safely in the construction industry (White Card)
<input type="checkbox"/>	HLTAID011 Provide First Aid

Preferred Course Commencement Date:

Year:		Month:	
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Preferred Training Location in Western Australia: * Please note that not all courses are available at all locations

<input type="checkbox"/> Perth Metro – Belmont campus	<input type="checkbox"/> Bunbury campus
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EMERGENCY CONTACT DETAILS - In case of an emergency, please let us know who to contact:			
Name:			
Mobile:		Relationship to applicant:	
Email:			

FINANCE CONTACT DETAILS – please indicate who to contact for payment enquiries:			
Name:			
Email:		Mobile:	

Language and Cultural Diversity (Government requirement details)

1. In which country were you born?

Australia 1101 Other - please specify: _____

2. Do you speak a language other than English at home? (If more than one language, indicate the one spoken the most)

No, English only 1201 Yes, please specify: _____

3. How well do you speak English?

Very well 1 Well 2 Not well 3 Not at all 4

4. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both, mark both “yes” boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Disability (Government requirement details)

5. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y No N If NO, Go to Question 6

If YES, please indicate the areas of disability, impairment or long-term condition: (you may indicate more than one area)

Hearing/Deaf 11 Learning 14 Vision 17

Physical 12 Mental Illness 15 Medical Condition 18

No Intellectual 12 Acquired Brain Impairment 16 Other 19

Schooling (Government requirement details)

6. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent 12 Year 10 or equivalent 10 Year 8 or below 08

Year 11 or equivalent 11 Year 9 or equivalent 09 Never attended school* 02

If NEVER, Go to Question 7

7. In which YEAR did you complete that school level? _____

8. Are you still attending secondary school? Yes No

Previous Qualifications Achieved (Government requirement details)

9. Have you SUCCESSFULLY completed any of the following qualifications?

Yes Y No N If NO, Go to Question 10

If YES, then tick ALL applicable boxes.

Bachelor’s degree or higher degree 008 Certificate III (or Trade Certificate) 514

Advanced Diploma or Associate Degree	<input type="checkbox"/> 410	Certificate II	<input type="checkbox"/> 521
Diploma (or Associate Diploma)	<input type="checkbox"/> 420	Certificate I	<input type="checkbox"/> 524
Certificate IV (or Adv Certificate/Technician)	<input type="checkbox"/> 511	Certificates other than the above	<input type="checkbox"/> 990

Employment (Government requirement details)

10. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee	<input type="checkbox"/> 01	Employed - unpaid worker in a family business	<input type="checkbox"/> 05
Part-time employee	<input type="checkbox"/> 02	Unemployed - seeking full-time work	<input type="checkbox"/> 06
Self-employed - not employing others	<input type="checkbox"/> 03	Unemployed - seeking part-time work	<input type="checkbox"/> 07
Employer	<input type="checkbox"/> 04	Not employed - not seeking employment	<input type="checkbox"/> 08

Study Reason (Government requirement details)

11. Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

To get a job	<input type="checkbox"/> 01	It was a requirement of my job	<input type="checkbox"/> 05
To develop my existing business	<input type="checkbox"/> 02	I wanted extra skills for my job	<input type="checkbox"/> 06
To start my own business	<input type="checkbox"/> 03	To get into another course of study	<input type="checkbox"/> 07
To try for a different career	<input type="checkbox"/> 04	For personal interest or self-development	<input type="checkbox"/> 12
To get a better job or promotion	<input type="checkbox"/> 05	Other reasons	<input type="checkbox"/> 11

APPLICATION INSTRUCTIONS

- **Submission details:** Please submit your application to admin@dnakingstontraining.edu.au, via post or in person via reception.
- **Processing time:** Please allow up to 10 days for processing of applications. Once processed successfully, your and/or your school be advised.
- **Read our policies:** Please ensure that you have read and understood your offer as well as applicable course information and college policies – including the college Fee Policy and Refund Policy prior to proceeding with your offer. All relevant policies can be found on the DNA Kingston Training College website: www.dnakingstontraining.edu.au.

STUDENT DECLARATION

I declare the information provided in this document is current and correct.

I agree to commit to the training program enrolled, pay the associated fees (if applicable) and follow the policies and procedures outlined by DNA Kingston Training:

Student signature:		Date:	
Guardian Signature (if student is under 18 years of age):		Date:	
Guardian Name:			