

SD-FM008 Training Course Registration Form



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|--------------------------------------|---|
| Course: <i>(please tick)</i> | <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Pre-App <input type="checkbox"/> RPL <input type="checkbox"/> Short Course <input type="checkbox"/> VET in Schools |
| Course Area: <i>(please tick)</i> | <input type="checkbox"/> Bricklaying <input type="checkbox"/> Carpentry <input type="checkbox"/> Concreting <input type="checkbox"/> Construction <input type="checkbox"/> Building & Construction |

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|----------------------------------|------------------------------|-----------------------------|----------|---|---------------------------------|--|
| First Name: | | | Surname: | | | |
| Address: | | | | | | |
| Suburb: | | | | Postcode: | | |
| Mobile: | | | Email: | | | |
| Date of Birth: | / | / | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Resume Attached: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| Unique Student Identifier: (USI) | | | | USI is mandatory and must be provided before training can commence. | | |

Are you of Aboriginal or Torres Strait Islander origin? *(tick only one)* Yes No

How well do you speak English? Very Well Well Not Well Not at All

How well do you read/write English? Very Well Well Not Well Not at All

What is your highest completed school year? _____

Any previous qualifications? _____

| | | |
|---|--|-------------|
| Are you currently registered with Centrelink? | <input type="checkbox"/> Yes <input type="checkbox"/> No | JSID: _____ |
| Health Care Card: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Name of Referring Organisation: _____

Contact Person: _____ Phone No: _____

I declare that the information I have supplied on this form is to the best of my knowledge, correct and complete. I understand that Skill Hire will not disclose the information provided by me on this form to third parties without my consent, except to other educational institutions, to Government bodies, as required or authorised by law.

Signature: _____ Date: ____/____/____

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|------------------------|---|---|
| OFFICE USE ONLY | Date Received: ____/____/____ | Candidate Pack Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Payment Amount: _____ | Amount Owing: _____ |
| | Entered into PowerPro: <input type="checkbox"/> Yes <input type="checkbox"/> No | ID: _____ |