

Progressive Training™

(WA) Pty Ltd

RTO 5274

ABN 49 115 478 003



Training from within

| | | |
|---------------|----------------------------|-------------------------|
| Title: | Course Registration | FORM TA 3.20 |
|---------------|----------------------------|-------------------------|

| | |
|-----------------------------------|--------------------------------------|
| Unique Student Identifier: | Student ID: (Office Use Only) |
|-----------------------------------|--------------------------------------|

| | | |
|---------------|-----------------|--------------------|
| Title: | Surname: | First Name: |
|---------------|-----------------|--------------------|

| |
|-----------------------------|
| Residential Address: |
|-----------------------------|

| | |
|----------------|-------------------|
| Suburb: | Post Code: |
|----------------|-------------------|

| | |
|--------------------|----------------|
| Home Phone: | Mobile: |
|--------------------|----------------|

| | |
|-------------|--|
| DOB: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------------|--|

| |
|-----------------------|
| Email Address: |
|-----------------------|

*required to receive a digital copy of Statement of Attainment

| | |
|--|-----------------------------|
| Concession Card: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, card number: |
|--|-----------------------------|

Do you have any special needs associated with dietary, physical, cultural or educational that needs to be accommodated to participate in this course? Yes No

If Yes ✓ - Details: _____

| | |
|------------------|------------------|
| Employer: | Phone No: |
|------------------|------------------|

| |
|--------------------------|
| Employer Address: |
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| |
|-------------------|
| Post Code: |
|-------------------|

| | |
|-----------------------|-----------------------|
| Course Code/s: | Course Name/s: |
|-----------------------|-----------------------|

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| | |
|--------------------|---------------------|
| Start Date: | Finish Date: |
|--------------------|---------------------|

| |
|---|
| Traineeship/Apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

By signing this form, I acknowledge I have read and understood the contents of the 'Participant Handbook', containing information related to: RPL, Code of Practice, National Recognition, Course Outline, Assessment requirements and have viewed the *Progressive Training (WA) Pty Ltd* Induction PowerPoint. I acknowledge that samples of my assessments may be used for Validation purposes. I understand that my identity will be removed from all samples. The 'Participant Handbook' and 'Induction Presentation' are available electronically via www.progressivetraining.com.au or as a hard copy on request.

Conflict of Interest: (Employee/contractor of *Progressive Training (WA) Pty Ltd*; friend of trainer.) Yes No

If Yes ✓ - Details: _____

Signature: _____ **Date:** _____

| | | |
|------------------------|---|--|
| Payment Details | Cheque | To: <i>Progressive Training (WA) Pty Ltd</i> |
| | Cash | |
| | Purchase Order | PO No: |
| | Direct Deposit | BSB: 066-512 Acc: 1070 6684 |
| | Credit Card* (2% additional charge applies to credit card) | No: Expiry: CVV: |

Please note: For registration to be confirmed, a completed registration form along with a deposit of \$1000 or a purchase order number must be returned to *Progressive Training (WA) Pty Ltd* at least 5 working days before course commencement date. Courses run subject to minimum numbers. *Progressive Training (WA) Pty Ltd* reserves the right to cancel or postpone courses. Prospective participants will be duly notified and if possible a suitable alternative will be offered.

| | | | |
|---|----------------------------|------------------------------|--|
| This document is UNCONTROLLED in hard copy – <i>Progressive Training (WA) Pty Ltd</i> | | | |
| Prepared by: Erin Lyon | Title: Course Registration | Issue Date: July 2012 | |
| Reviewed by: Yolanda Francisca | Code: TA 3.20 | Last Reviewed: November 2023 | |
| ***ONCE THIS FORM HAS BEEN UPDATED, ENSURE THE LATEST VERSION IS UPLOADED ONTO THE WEBSITE*** | | | |

Introduction

These questions are provided to assist with collecting student data in an AVETMISS - compliant format. The use of standard enrolment questions supports the capture of compatible and comparable data over time.

Unique Student Identifier:

1. What is your postal address (if different from above)?

| | |
|----------------------|---------------------------------|
| <input type="text"/> | Post code: <input type="text"/> |
|----------------------|---------------------------------|

2. In which country were you born?

Australia 1101
 Other – please specify

3. Do you speak a language other than English at home?

No, English only 1201
 Yes, other – please specify

4. Are you of Aboriginal or Torres Strait Islander origin? (Tick one box only)

No 4
 Yes, Aboriginal 1
 Yes, Torres Strait Islander 2
 Yes to both 3

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

Yes Y
 No N
 No – Go to question 07

6. 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) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/Deaf 11
 Physical 12
 Intellectual 13
 Learning 14
 Mental Illness 15
 Acquired brain impairment 16
 Vision 17
 Medical condition 18
 Other 19

7. What is your highest COMPLETED school level? (tick one box)

Completed Year 12 12
 Completed Year 11 11
 Completed Year 10 10
 Completed Year 9 09
 Completed Year 8 or lower 08
 Never attended school 02

Never completed any primary or secondary level education go to question 9

8. Are you still enrolled in secondary or senior secondary education?

Yes Y
 No N

9. Have you SUCCESSFULLY completed any of the following qualifications listed in question 10?

Yes
 No – go to question 11 No

10. If YES, then tick ANY applicable boxes

Bachelor Degree or Higher Degree 008
 Advanced Diploma or Associate Degree 410
 Diploma (or Associate Diploma) 420
 Certificate IV (or Advanced Certificate/Technician) 511
 Certificate III (or Trade Certificate) 514
 Certificate II 521
 Certificate I 524
 Certificates other than the above 990

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

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-Time employee 01
 Part-Time employee 02
 Self Employed - not employing others 03
 Employer 04
 Employed – Unpaid worker in a family business 05
 Unemployed – seeking full-time work 06
 Unemployed – seeking part-time work 07
 Not employed – not seeking employment 08

12. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (tick ONE box only)

To get a job 01
 To develop my existing business 02
 To start my own business 03
 To try for a different career 04
 To get a better job or promotion 05
 It was a requirement of my job 06
 I wanted extra skills for my job 07
 To get into another course of study 08
 For personal interest or self-development 12
 To get skills for community/voluntary work 13
 Other reasons 11

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.