



Title:	Course Registration	FORM TA 3.20
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Unique Student Identifier:	Student ID: _____ (Office Use Only)
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Title:	Surname:	First Name:
Residential Address:		
		Post Code:
Home Phone:	Mobile:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:		
Concession Card: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes ✓ - Card Type:	Card No:	

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:	
Post Code:	
Course Name:	Course Code:
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: 306-012 Acct: 0699917
	Credit Card* <small>*(2% additional charge applies to credit card)</small>	No: Expiry:

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: Sue Backshall	Code: TA 3.20	Last Reviewed: Jan 2021	
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)?

	Post code:
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2. In which country were you born?

Australia	<input type="checkbox"/>	1101
Other – please specify	<input type="text"/>	

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

No, English only	<input type="checkbox"/>	1201
Yes, other – please specify	<input type="text"/>	

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

No	<input type="checkbox"/>	4
Yes, Aboriginal	<input type="checkbox"/>	1
Yes, Torres Strait Islander	<input type="checkbox"/>	2
Yes to both	<input type="checkbox"/>	3

5. 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 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	<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

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

Completed Year 12	<input type="checkbox"/>	12
Completed Year 11	<input type="checkbox"/>	11
Completed Year 10	<input type="checkbox"/>	10
Completed Year 9	<input type="checkbox"/>	09
Completed Year 8 or lower	<input type="checkbox"/>	08
Never attended school	<input type="checkbox"/>	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	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

No – go to question 11

10. 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

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	<input type="checkbox"/>	01
Part-Time employee	<input type="checkbox"/>	02
Self Employed - not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed – Unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed – seeking full-time work	<input type="checkbox"/>	06
Unemployed – seeking part-time work	<input type="checkbox"/>	07
Not employed – not seeking employment	<input type="checkbox"/>	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	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
For personal interest or self-development	<input type="checkbox"/>	12
To get skills for community/voluntary work	<input type="checkbox"/>	13
Other reasons	<input type="checkbox"/>	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.