



Please complete all details on this registration form. This will be used to register you in the qualification you are seeking. Some of the information contained herein will be keyed into a national database and used for **statistical and other reporting to State/Territory Training Authorities and the National Centre for Vocational Education Research (NCVER)**. Please ask your Work Savvy Training representative for assistance to fill out this form if you require help.

RTO Name

Name of the Course or Qualification you are registering for

1. First Name 2. Last name

3. Address

Suburb State Postcode

4. Telephone Home Work Mobile

5. Email

6. Date of Birth / / 7. Gender Details Female Male

8. Were you born in Australia? YES NO 9. Are you an Australian permanent resident? YES NO

10. If not born in Australia, what country were you born in?

11. Are you of Aboriginal or Torres Strait Islander origin? (Please tick one)
 Yes (Aboriginal) Yes (Torres Strait Islander) No

12. What is the language you speak mainly at home?

13. How well do you speak English?
 Very well Well Not well

14. How well do you understand written English?
 Very well Well Not well

15. Do you consider yourself to have a disability, impairment or long term condition? YES NO

16. If your answer to 15 was YES, please indicate the disability, impairment or long-term condition.
 Hearing Impaired/Deaf Physical Other, please state
 Intellectual Learning
 Mental Illness Acquired Brain Impairment
 Vision Medical Condition

17. Name of the Australian Apprenticeship Centre that signed you up for this traineeship?
 Mission ABL MEGT BWAC WSROC AusNAC
 Other, please state

18. What is your highest COMPLETED school level?
 Year 12 Year 11 Year 10 Year 9 Year 8 or lower Never Attended

19. What year did you leave school? 20. Are you still attending school? YES NO



21. Have you completed any qualifications since leaving school? YES NO

22. If you answered YES to the above question please tick the box which best describes your qualification/s.

- Bachelor Degree or Higher Degree
- Diploma (or Associate Diploma)
- Certificate III (or Trade Certificate)
- Certificate I
- Advanced Diploma or Associate Degree
- Certificate IV (or Advanced Certificate/Technician)
- Certificate II
- Certificate other than listed here

23. Of the following categories, which BEST describes your current employment status?

- Full-time employee
- Part-time employee, please estimate hrs per week
- Self employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Not employed - seeking full-time work
- Not employed - seeking part-time work
- Not employed - not seeking employment

24. Of the following categories, which BEST describes the reason for this traineeship?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course or study
- For personal interest
- For self development
- Other reasons
- Not specific

25. Are you dependant on a person holding or do you hold:

- A Pensioner Concession Card
- A Health Care Card (must attach photocopy)
- A Repatriation Health Benefits Card issued by the Department of Veterans' Affairs

26. Are you dependant or a person in receipt of, or do you receive:

- AUSTUDY or ABSTUDY
- The Youth Allowance

PRIVACY NOTICE AND APPLICANT DECLARATION

The information provided by you in this application form will be used by Work Savvy Training for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in this course. You consent to the Work Savvy Training obtaining all personal information necessary for the purpose of your application and course. Information provided will be held securely. Refer to the Privacy Policy for further information. By signing this form you understand and will adhere to the Work Savvy Training and the relevant state Department of Education & Training policies.

Employer Business Name (if relevant)	<input type="text"/>		
Employer Address	<input type="text"/>		
Employer Contact Name	Employer Position	<input type="text"/>	
Employer Phone	Fax	<input type="text"/>	
Applicant Signature	Applicant Position (if relevant)	<input type="text"/>	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

OFFICE USE ONLY			
(please circle one)	<input type="checkbox"/> User Choice/New Entrant	<input type="checkbox"/> Existing Worker	<input type="checkbox"/> Other Fee-for-Service