

Office Use Only									
Date:									
Participant ID:									
Payment:			\$.		
Accept:	<input type="checkbox"/>	Decline:	<input type="checkbox"/>	Smart Form					

ENROLMENT APPLICATION FORM 2010

SECTION A (Personal Particulars)

SURNAME: _____

FIRST NAMES: _____

Initials TITLE: Mr. Ms. Dr. Prof. Other:

Employer Position

Date of Birth Female: Male:

Home Tel: Work Tel.:

Fax: Mobile:

Email:

EMERGENCY CONTACT: _____

Relationship: Phone:

ADDRESS: _____

Postal code

Postal address if not the same as above _____

Postal code

Australian Citizen Permanent resident Temporary visa Aust. Visa type

Country of Birth:

Indigenous Status
Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither

SECTION B (EDUCATIONAL BACKGROUND)

SECONDARY SCHOOL – HIGHEST LEVEL ACHIEVED
Year 12 Year 11 Year 10 Year 9 Year 8 or lower Did not go to School

Year Completed Where

DO YOU MAINLY SPEAK ENGLISH AT HOME?
Yes No

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?
No, English only Yes, other – please specify

HOW WELL DO YOU SPEAK ENGLISH?
Very well well Not well Not at all



ARE YOU CURRENTLY WORKING IN THE AREA OR FIELD YOU WANT TO STUDY IN?

Yes No

WHICH OF THE FOLLOWING CATEGORIES DESCRIBES YOUR REASON FOR UNDERTAKING THIS TRAINING?

Please tick one box only

To get a job	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
For personal interest or self development	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please specify _____

SECTION E (COURSE & SERVICE SELECTION)

- Diploma of Local Government (Operational Works) LGA50404
- Diploma of Management BSB51107
- Diploma of Civil Construction Management RII50409 (additional 4 units extra \$500)

CURRENT EXPERIENCE

Do consider yourself to have considerable knowledge and experience in the area you are applying to train in?

Yes No

Would you like to undergo a Recognition of Prior Learning Process? You may be able to reduce the number of modules you are required to do?

Yes No

SECTION F (ACCEPTANCE)

DECLARATION:

1. I have access to the Global Training Institute Handbook and I agree to abide with the Culture of Global Training Institute.
2. I declare that the information provided in the application is, to the best of my knowledge, accurate in all respect.
3. I hereby authorise Global Training Institute to use personal information to process and effect my application.
4. I hereby authorize Global Training Institute to use any feedback comments and/or photos for publicity and marketing purposes.
5. I hereby allow my records to be sited for purpose of audit for a third party as per Privacy Act.
6. I agree to put my full effort into participating in my training and completing this course.
7. By signing you agree that you may be contacted by the funding body and asked to participate in a or more surveys about this training program
8. I authorize Global Training Institute to allow my work training co-ordinator to view my records.

Signature	Date
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