

PERSONAL DETAILS Please tick

Title Mr Miss Mrs Ms **Sex** Female Male

Family Name _____ **Given Names** _____
State Full Names – No Abbreviations

Preferred Name _____ **Date of Birth** DD/MM/YYYY / /

Course Code: _____ Course title: _____

Have you previously undertaken studies in RDNS? Yes No

Postal Address

Suburb _____ State _____ Postcode _____

Phone – Home _____ Work _____ Mobile _____

E-mail (print clearly) _____

Residential Address (if same as postal address write "as above")

Street _____

Suburb _____ State _____ Postcode _____

If employed Company/Employer _____

Emergency Contact Details Name _____ Phone _____
 Relationship to you _____

Previous Academic History	Commenced		Completed		
	Year	Month	Year	Month	Evidence
Course / Modules (Code/Title)					

The following section must be completed by every applicant as it provides information necessary for strategic planning of courses and student services.

ACCESS & EQUITY DETAILS

1. Were you born in Australia? (Y or N)
 If NO, in which country were you born?
2. Do you consider yourself to be of Aboriginal or Torres Strait Islander origin? (Y or N)
 If YES then please state your community name
3. Do you have permanent residence status in Australia? (Y or N)
4. Do you usually speak a language OTHER THAN ENGLISH at home? (Y or N)
 If YES then please state language spoken

ACCESS & EQUITY DETAILS (CONT.)

5. Did you complete all or part of your schooling in a language OTHER THAN ENGLISH? (Y or N)

6. Will you be requesting help with 'English' in your studies? (Y or N)

7. Do you consider yourself to have a permanent and significant disability? (Y or N)

If YES then tick all of the categories applicable

Visual/Sight/Seeing Hearing Physical Mental Illness

Intellectual Chronic Illness Other

If Other, please specify _____

Will you be requesting any special assistance owing to the disabilities? (Y or N)

If Yes, please specify _____

STATISTICAL DETAILS (choose one only per section)

YOUR MAJOR REASON FOR STUDY?

1	Get a job	5	Personal interest
2	Change jobs	6	Gain promotion
3	Update knowledge	7	Other
4	Compulsory with job		

YOUR CURRENT EMPLOYMENT STATUS?

1	Self employed and employing others	5	Employed, unpaid helper in family business
2	Self employed – not employing others	6	Not employed and seeking full time work
3	Employed full time	7	Not employed and seeking part time work
4	Employed part time	8	Not seeking employment

PRIVACY STATEMENT

The Department of Further Education, Employment, Science and Technology collect required information on this form for use by the Commonwealth Department of Education Employment and Workplace Relations. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes.

The information you provide may be assessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

Declaration:-

- I agree for my information to be used for the purpose of conducting surveys or for statistical purposes.
- I declare the information provided to be true and correct
- I have been provided access to RDNS policies , generic student handbook and course specific handbook.and agree to abide by the terms and conditions outlined.
- I am 18 years of age or over

Name: _____

Signature: _____

Date: _____

If Mailing this form and paying by Credit Card, then please complete the following

American Express Bank Card Mastercard Visa Amount \$.....

Card No. Expiry Date – MM/YY /

Name on Card..... Cardholder's Signature

No amounts will be charged to your card until you have confirmed your acceptance of an offer in your chosen course.

OFFICE USE ONLY

Amount \$.....

Receipt No.....

AUTHORISED BY