

<u>Personal Details</u>	<u>Employment details</u>
Surname:	Name of Workplace:
First Name:	Date Commenced:
Date of birth:	Part time <input type="checkbox"/> Full time <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of hours working:
<u>Address:</u> Street No. and Name:	<u>Employer Address:</u> Street No. and Name
Suburb:	Suburb:
P/Code:	P/Code:
Postal Address (If different):	Name of Manager/Supervisor:
PH: (Home)	PH:
Mobile:	Mobile:
E-mail:	E-mail:
Proof of ID:	<u>Educational details</u>
Type: Number:	
Country of birth: Australia <input type="checkbox"/> Other:	Are you still at School: Yes <input type="checkbox"/> No <input type="checkbox"/>
Citizenship: Australian <input type="checkbox"/> Other:	If yes, what year?
Languages: English <input type="checkbox"/> Other:	If not, what is highest completed level? Year of completion:
Are you an Aboriginal or Torres Straights Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you successfully completed any other courses: Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Equity:</u>	If yes, name of course:
Do you have any disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>	(AQF) Level of completion:
Do you believe you qualify for course contribution exemption Yes <input type="checkbox"/> No <input type="checkbox"/>	Year of Completion:
If so, on what grounds?	Have you a previous traineeship or apprenticeship? Yes <input type="checkbox"/> No <input type="checkbox"/>
Assistance/Benefit Number:	If yes, date of commencement:
Do you require special assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of traineeship:
Do you have Language, Literacy or Numeracy difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you seeking Recognised Prior Learning: Yes <input type="checkbox"/> No <input type="checkbox"/>

(I consent to the provision of the information above which I declare to be true and correct to the best of my knowledge)

Trainee Signature:

Date: