

Student Enrolment Form

Personal Details

Full Name:			
Residential Address:			
Postal Address:			
Telephone:	(H)	(W)	(M)
Email Address:			
Date of Birth:		Place of Birth:	
Gender (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Are you an Indigenous Australian or Torres Strait Islander			
What is the main language spoken at home?			
Next of Kin:			
Name:			
Telephone:		Relationship	

Highest Level of Education

School Level Completed		School	
Are you still attending school?		Year comp	
Have you successfully completed any of the following qualifications?			
Bachelor Degree or Higher Degree			
Advanced Diploma or Associate Degree			
Diploma or Associate Diploma			
Certificate IV			
Certificate III			
Certificate II			
Certificate I			
Certificate(s) other than those above, Please list.....			

Course Details

Course Code			
Course Name			
Delivery Method	Face to Face <input type="checkbox"/>	Mixed Mode <input type="checkbox"/>	

Special Assistance

Do you have any disabilities, impairments or learning difficulties that we need to be aware of?	Yes/No
If Yes, Please Explain.....	

Recognition of Prior Learning/Recognition of Current Competencies

Are you eligible for RCC?	Yes/No
Are you eligible for RPL?	Yes/No
Would you like assistance in assessing your eligibility to RPL or RCC?	Yes/No

Reason for studying

Please tick which BEST describes your main reason for undertaking study?	
to get a job	
to develop my existing business	
to start my own business	
to change careers	
to get a better job or promotion	
it was a requirement of my current job	
I wanted extra skills for my job	
for personal interest or self-development	
other reasons (please list).....	

Declaration

- I have received the participant handbook and agree to the conditions as listed in this
- I agree to abide by all regulations of Jigsaw Consulting Group Pty Ltd
- I acknowledge that the facilities made available for my use will be used in compliance with any relevant operating standards

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian (If under 18 yrs) _____ Date: _____