

Enrolment Form (First Aid & Short Courses)

(ADMINISTRATION USE) RED CROSS STUDENT ID:

SAVE THIS PDF TO YOUR COMPUTER BEFORE FILLING OUT

PART A – APPLICANT DETAILS

PERSONAL DETAILS

Have you previously studied with Red Cross Training Services? Yes No

Title: Date of Birth: Gender: Female Male Other

Surname: Given Names:
(Legal Family Name) (Legal Given Names)

Home Address

Building/Property Name:

Flat/Unit Number: Street Number: Street Name:

Suburb: State: Postcode:

Phone Home: Mobile:

Email:

Postal Address (if different from above)

Building/Property Name:

Flat/Unit Number: Street Number: Street Name:

Suburb: State: Postcode:

UNIQUE STUDENT IDENTIFIER

Do you have a Government issued Unique Student Identifier (USI): No Yes Number:

You must provide your USI to successfully complete and receive your qualification. You are required to apply for your USI through the USI website www.usi.gov.au

ID DETAILS

Proof of photo identity provided: Driver's Licence Passport Other (please specify)

EMERGENCY

Name: Relationship:

Contact Number/s:

PART B – COURSE DETAILS

Course/Unit Code:

Course/Unit Start Date:

Course/Unit Name:

Venue:

NOTE: If you are undertaking a refresher course, a practical component following an online course, or your course has pre-requisite requirements, please ensure you provide documented proof of eligibility to Red Cross Training Services staff upon commencement of your course otherwise you will not be awarded a certificate upon completion of the course.

PART C – AUTHORITY TO RELEASE IMAGE AND RECEIVE COMMUNICATIONS

Please tick the following boxes as applicable:

- I do not authorise Red Cross Training Services to use my name, location and media (photographs/videos) for marketing & promotional purposes.
- I do not want to receive any other information not related to my course of study from Red Cross Training Services

PART D – AUTHORITY TO DISCLOSE TRAINING RECORDS TO EMPLOYER

Please tick the following boxes as applicable:

- I authorise Red Cross to disclose my training records to my employer when requested.
- I do not authorise Red Cross to disclose my training records to my employer where requested.

PART E – DEMOGRAPHICS: Mandatory information for AVETMISS reporting

LANGUAGE AND CULTURAL DIVERSITY

1. In which country were you born?

Australia Other:

SECONDARY SCHOOLING

2. What is your highest COMPLETED school level? (tick one box only)

Never attended school go to Q4

- Completed Year 12 Completed Year 11 Completed Year 10
 Completed Year 9 or equivalent Year 8 or lower Never attended school

3. In which YEAR did you complete that level?:

4. Are you still attending secondary school? No Yes

PART E – DEMOGRAPHICS: Mandatory information for AVETMISS reporting

PREVIOUS QUALIFICATION ACHIEVED

5. Have you **SUCCESSFULLY** completed any of the following qualifications? No - Go to Q7 Yes

6. If Yes, please enter **one** of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

A	E	I	(A: Australian; E: Australian Equivalent; I: International)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above

NOTE: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use **1. A** - Australian; **2. E** - Australian Equivalent; **3. I** – International

EMPLOYMENT INFORMATION

7. Of the following categories, which **BEST** describes your current employment status? (tick one box only)

- Full time employee Part time employee Employer
 Self employed – not employing others Employed – unpaid worker in a family business
 Unemployed – seeking full time work Unemployed – seeking part time work
 Unemployed – not seeking employment

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken more often)

- No, English only - Go to Q10 Yes (please specify):

9. How well do you speak English

- Very well Well Not well Not at all

10. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal AND Torres Strait Islander origin, mark both 'Yes' boxes.)

- No Yes, Aboriginal Yes, Torres Strait Islander

11. Which of the following classifications **BEST** describes the Industry of your current or previous Employer? (tick one box only) - If never employed go to Q13.

- | | |
|--|---|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing | <input type="checkbox"/> B - Mining |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> E - Construction | <input type="checkbox"/> F - Wholesale Trade |
| <input type="checkbox"/> G - Retail Trade | <input type="checkbox"/> H - Accommodation and Food Services |
| <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> J - Information Media and Telecommunications |
| <input type="checkbox"/> K - Financial and Insurance Services | <input type="checkbox"/> L - Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> M - Professional, Scientific and Technical Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> O - Public Administration and Safety | <input type="checkbox"/> P - Education and Training |
| <input type="checkbox"/> Q - Health Care and Social Assistance | <input type="checkbox"/> R - Arts and Recreation Services |
| <input type="checkbox"/> S - Other Services | |

12. Which of the following classifications BEST describes your current or recent occupation?

(tick one box only) - If never employed go to Q13.

- | | |
|--|--|
| <input type="checkbox"/> 1 - Managers | <input type="checkbox"/> 2 - Professionals |
| <input type="checkbox"/> 3 - Technicians and Trade Workers | <input type="checkbox"/> 4 - Community and Personal Care Workers |
| <input type="checkbox"/> 5 - Clerical and Administrative Workers | <input type="checkbox"/> 6 - Sales Worker |
| <input type="checkbox"/> 7 - Machinery Operators and Drivers | <input type="checkbox"/> 8 - Labourers |
| <input type="checkbox"/> 9 - Other | |

DISABILITY

13. Do you consider yourself to have a disability, impairment or long-term condition? No Yes

14. If Yes, please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area)

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Hearing/deafness | <input type="checkbox"/> Physical | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Medical condition | <input type="checkbox"/> Learning | <input type="checkbox"/> Other |

REASON FOR STUDYING

15. Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/apprenticeship *(tick one box only)*

- | | |
|--|--|
| <input type="checkbox"/> 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 is a requirement of my job |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest of self-development | <input type="checkbox"/> Other reasons |

RED CROSS PRIVACY COLLECTION STATEMENT

I have read and agreed to the Red Cross Privacy Collection Statement ([view online](#))

PART F – APPLICANT DECLARATION, AGREEMENT AND CONSENT

APPLICANT DECLARATION

By signing this declaration, agreement and consent I verify that:

- All of the above information provided is true and accurate. I understand that the provision of false or misleading information may affect my enrolment into the course as per Red Cross Training Services policies outlined in the Student Handbook.
- I give permission for Red Cross Training Services to locate my USI in the event that the original details supplied are incorrect.
- I have been told about Red Cross information collection practices and have read the Red Cross Privacy Collection Statement and consent to you releasing my personal information (including sensitive information) to the Commonwealth or State Education Departments for the purpose of managing, monitoring and reporting my training progress.
- If applicable, I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

Signature of applicant: (or of Parent/Guardian if applicant is under 18 years of age)

Print Name: Date:

Trainer Use Only – MUST COMPLETE

Trainer:

Proof of Photo ID Provided: Yes No

Course Pre-requisite Provided: Yes No N/A

Signature:

Print Name:

Date:

RCTS Administration Use Only

Administration Officer:

Entered in to SMS

Signature:

Print Name:

Date: