Participant Enrolment Form 2015

Participant Details
Title: ____ First Name: ___________________ Last Name: ___________________

☐ Male  ☐ Female

Address: ___________________ Suburb: _______ State: _______ P’Code: _______
Postal Address: ______________ Suburb: _______ State: _______ P’Code: _______
Phone: (home): _____________ (work): ______________ (mob): __________________
Date of Birth: (day/Month/Year) ___/___/___
Email: _____________________ (fax) __________________
Emergency Contact: _______________ Tel No: ___________ Relationship: ___________

Course Enrolment

Course Code: __________________________
Course Title: __________________________
Course Start Date: _____________________
Short Courses: _________________________

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<th>Unit Code</th>
<th>Commencing</th>
<th>Unit Name</th>
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Authorised by - CEO
Issue Date - 24th November 2014
Doc Name – Participant Enrolment Form
Revision – 1.0
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Employment Status - Of the following categories, Which BEST describes your current employment status

- Full time Employee
- Part time Employee
- Self-employed (not employing others)
- Employer
- Employed - unpaid family worker
- Unemployed - seeking full time work
- Unemployed - seeking part time work
- Not employed - not seeking employment

Cultural Background

Are you of Aboriginal Origin?  Yes  No

Torres Strait Islander?  Yes  No

Were you born in Australia?  Yes  No

If NO what was your Country of Birth:

Do you speak a language OTHER THAN English at home?  Yes  No

If YES, which language do you usually speak?

How well do you speak English?  Very Well  Well  Not Well  Not at All

Do you require any language, literacy or numeracy assistance?  Yes  No

Education

What is your highest COMPLETED school level?

- Year 8 or below
- Year 9 or equivalent
- Year 10 or Equivalent
- Year 11 or equivalent
- Year 12 or equivalent

Are you still attending secondary School?  Yes  No

Never attended school

In which YEAR did you complete that school level? _____________ (IE:1988, 2001)

Since leaving school, have you COMPLETED any of the following qualifications?

- Bachelor degree or higher
- Advanced Diploma or associate degree
- Diploma (or associate Diploma)
- Certificates other than above
- Certificate IV
- Certificate III or Trade Certificate
- Cert II
- Cert I

If YES, what was the name of the qualification(s)?

Disability

Do you consider yourself to have a permanent disability?  Yes  No

If YES, tick ANY applicable boxes:

Visual/Sight/Seeing  Medical Condition  Intellectual

Hearing/ Deaf  Mental Illness  Acquired Brain Impairment

Physical  Learning  Other

If you require assistance for a disability, please give details:
## Reason For Study

- [ ] For personal interest or self-development
- [ ] It was a requirement of my job
- [ ] To get a better job or promotion
- [ ] To start my own business
- [ ] To get a job
- [ ] I wanted extra skills for my job
- [ ] To develop my existing business
- [ ] To get into another course of study
- [ ] To try for a different career
- [ ] Other

### Recognition of Prior Learning

Are you seeking Recognition of Prior Learning?  
- [ ] Yes  
- [ ] No

If yes please speak to our course co-ordinator about our RPL Kit.

### Credit Transfer

Are you seeking a credit transfer?  
- [ ] Yes  
- [ ] No

The information you have provided will remain private and confidential.

### Fees Policy

**NOTE:** refer to Participants Handbook for our fees policy and cancellation policy.

### Authorisation confirmation

- [ ] I give permission for the Wellness Business Institute to discuss my training progress and results with appropriate people as deemed necessary by Wellness Business Institute training, supervisory and HR staff.

- [ ] I acknowledge that I have read the above and understand the information provided.

- [ ] I confirm that this information is true and correct.

- [ ] I acknowledge that I have read and understand the Participants handbook and agree with terms and conditions of enrolment with the Wellness Business Institute.

- [ ] I agree to the Wellness Business Institute creating, verifying or validating a USI (Unique Student identifier)

Signature: ______________________________________ Date: _____/_____/2015

Please provide one valid form of ID from the list below:

- [ ] Driver’s Licence
- [ ] Medicare Card
- [ ] Australian Passport
- [ ] Visa (with Non-Australian Passport) for international students
- [ ] Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- [ ] Certificate Of Registration By Descent
- [ ] Citizenship Certificate
- [ ] ImmiCard
Third Party Authorisations (Fees being paid by organisation or other party)

Employer/Company Full Name: ______________________________________________________

Address: ________________________________________________________________________

Postal Address: __________________________________________________________________

Phone: (work) ______________ (fax) ______________ (mob) ______________

Company order number (if applicable): ___________________________ ABN: ____________

Authorising officers Name (please print): ____________________________________________

Position: ___________________________ Date: ________________

Authorising officers Signature: ____________________________________________________

Where to send your completed form and ID

Wellness Business Institute
c/oMantra Training & Development PTY LTD

Deliver to: Shop 5, 2 O’Hanlon Federation Square, Nicholls ACT 2913

Post to: PO Box 977 Gungahlin A.C.T 2913

Phone: 0403 715 385 or 02 6230 9439       Fax: 02 6103 9012

Email: info@wellness.edu.au       Web: www.wellness.edu.au