

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

- | | |
|--|--|
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> 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