



STUDENT APPLICATION / ENROLMENT FORM

1. STUDENT DETAILS

Title: Mr / Mrs / Ms / Miss <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Date of Birth		/ /		
Surname:				Given Names:			
Home Phone:				Mobile:			
Residential Address:				Suburb			
						Postcode:	
Postal Address:				Suburb			
						Postcode:	
Email Address:							
Preferred method of contact:		<input type="checkbox"/> Email		<input type="checkbox"/> Phone		<input type="checkbox"/> SMS	

2. TRAINING PROGRAM DETAILS

Program Code:				Program Cost:			
Program Name:							
Learning Pathway:		<input type="checkbox"/> Training and Assessment		<input type="checkbox"/> Assessment Only		<input type="checkbox"/> VOC	
Start Date:		/ /		End Date:		/ /	
				Delivery Mode:		<input type="checkbox"/> Classroom <input type="checkbox"/> Work Based	

3. UNIQUE STUDENT IDENTIFIER (USI)

USI No:						(10 digits in total)	
If you do not have a USI do you give Integral Skills permission to apply for one on your behalf?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
To raise a USI we will need one of the following proof of Identity evidences.							
Drivers Licence No:				Expiry Date:		/ /	
						State of Issue:	
Medicare Card No:				Expiry Date:		/ /	
						Ref No:	
Name on Card:							

4. CULTURAL DIVERSITY AND CITIZENSHIP



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Are you of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander	
Are you and Australian or New Zealand Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what country were you born in? _____	
5. EMPLOYMENT STATUS		
<input type="checkbox"/> Full Time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed seeking full time work <input type="checkbox"/> Unemployed seeking part time work <input type="checkbox"/> Unemployed not seeking employment	
6. LANGUAGE		
Do you speak a language other than English at home?	<input type="checkbox"/> No – English only <input type="checkbox"/> Yes _____	
If yes, how well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
7. DISABILITY		
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please state your disability, impairment or injury.	<input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired	
8. PRIOR EDUCATION		
What is your highest level of school completed?	<input type="checkbox"/> Year 9 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12	
In which year did you complete school?	_____	
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor's degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advance Certificate	<input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates - other	
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider that you have the literacy and numeracy skills to undertake the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed the Higher School Certificate (Y12 / HSC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed a prior nationally recognised training in Australia at least to the level of Certificate III?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Do you identify as having any individual support needs that we can assist you with during your training?

☐ Yes

☐ No

9. CORE SKILLS ASSESSMENT (INITIAL)

Reading
ACSF
3.03

1. Read the paragraph below and answer the questions that follow.

In warehouses and freight terminals across NSW, forklifts are used to lift, stack and transfer loads. WorkSafe NSW has a zero-tolerance approach to the unsafe use of forklifts, considered one of the most dangerous pieces of equipment found at NSW workplaces. To be effective, a forklift must be manoeuvrable. To achieve manoeuvrability, forklifts are designed to be compact, making them less stable than other vehicles and mobile plant. Forklifts have a range of limitations, from maximum load weight to speed. These factors affect the operator and the forklift itself.

Writing
ACSF
2.06

2. Answer the following questions in your own words.

a. Why does WorkSafe NSW have a zero-tolerance approach to the unsafe use of forklifts?

b. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these?

Numeracy
ACSF
a. 2.09
b. 3.03

3. The table below shows the minimum braking distance for common forklifts.

Use the information in the table to provide estimated answers to the following questions.

Reaction distance and total stopping distance					
Speed (km/h)	6	12	16	18	20
Distance travelled while driver reacts and applies brakes (m)	2.5	5	6.7	7.5	8.3
Maximum stopping distance (m)	2.9-3.2	7-8	9.5-12	11-14	13-16.5

a) What is the maximum stopping distance if the forklift is travelling at 20 km/h?

b) Even at 6km/h, a forklift driver will take _____ metres to react and apply the brakes. He will need at least _____ metres to stop.

Outcome

For RTO use only: Is support required? **No** / **Yes**

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10. REASON FOR STUDY

☐ To get a job or better job

☐ It was a requirement of my job



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<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To start my own business	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> Other

11. EMERGENCY CONTACT

Name:		Relationship:	
Home Phone:		Mobile:	

12. MARKETING AND IMAGES

How did you hear about us?	<input type="checkbox"/> Existing Client	<input type="checkbox"/> Consultant	<input type="checkbox"/> Other
	<input type="checkbox"/> Internet	<input type="checkbox"/> Employer	

Integral Skills may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.

☐ I do not wish to be contacted regarding future training opportunities.

During training, photos or footage may be taken of you. Do you give Integral Skills permission to use these photos or footage for such things as improving training resources, promotional documents and reports?

☐ Yes

☐ No

13. PAYMENT METHODS

Credit Card Details (required to reserve a place in the course)

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Holder Name:	
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Credit cards will not be charged without prior notification but *will* be charged upon the students' cancellation of their place in the course. (See cancellation policy)

Tax invoice for Existing Account Holders

Company Name:		Purchase Order No:	
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14. STUDENT DECLARATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.



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- I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy.
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the **National VET Data Privacy Policy** notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.

Signature:

Date:

/ /

RTO use only:

Is learner support indicated? **No** / **Yes** Referred to: _____

Is an interview indicated? **No** / **Yes** Referred to: _____

Details entered into system. **No** / **Yes**

Enrolment confirmation sent. **No** / **Yes**

Has payment been received? **No** / **Yes** Amount paid: _____

Receipt No: _____

USI verified? **No** / **Yes**

Training scheduled to commence on the following date: _____

Note: _____

Full Name:

Signature:

Date:

/ /