

New Student - Personal Details

COMPLETE ALL SECTIONS IN FULL

1. Student details. Please use BLOCK letters.

TAFE Student Number (if known)

<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"/>
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Learner Unique Identifier

(if known or for more information visit www.qsa.qld.gov.au)

<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"/>
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Family name*

Given name/s*

(*The name recorded above is used for all official purposes such as fee concession validation, and will appear on results/awards issued).

Preferred Name (if different from above)

Previous Learner Names (if any e.g. maiden name)

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth					
		D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Citizenship (please mark one box)

Australian Citizen	<input type="checkbox"/> 1	Visitor's Visa	<input type="checkbox"/> 6
New Zealand Citizen	<input type="checkbox"/> 2	Business Visa	<input type="checkbox"/> 7
Australian Permanent Resident	<input type="checkbox"/> 3	Holiday Visa	<input type="checkbox"/> 8
Student Visa	<input type="checkbox"/> 4	Other Visa	<input type="checkbox"/> 9
Temporary Resident Visa	<input type="checkbox"/> 5	please specify	_____

If entry to Australia on Visa, what is your country of citizenship?

3. Cultural Diversity

Were you born in Australia? Yes No

If no, in which country were you born?

Do you identify yourself as any of the following (tick all that apply)

Aboriginal Torres Strait Islander South Sea Islander

4. Contact Details (compulsory)

Home Phone ()	Home Fax ()
Mobile Phone	Email

Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Suburb	State	Postcode <input type="text"/>

Mail Address - (Please state "AS ABOVE" if same)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Suburb	State	Postcode <input type="text"/>

Temporary Address

<input type="text"/>	Only effective from	D	D	M	M	Y	Y	to	D	D	M	M	Y	Y
City/Suburb	State	<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"/>

5. Employment

Employer Details

Company Name	
Contact	
Address	
City/Suburb	Postcode <input type="text"/>
Phone ()	Fax ()
Email	

Officer Use Only

EXTORG

Of the following categories, which best describes your current employment status? (Tick ONE box only.)

- Employed full time by someone else 1
- Employed part time or casual by someone else or school based apprentice 2
- Self employed - not employing other people 3
- Employer - someone who employs other people 4
- Employed unpaid family worker 5
- Unemployed - looking for full time work 6
- Unemployed - looking for part time work 7
- Not employed - not looking for employment 8

6. Language

Do you speak a language other than English at home?

No, English only **Go to Question 8**

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

Yes, other, - Please specify

How well do you speak English?

Very Well Well Not Well Not at all

Is English language assistance required? No Yes

(Please contact the institute to discuss your needs)

7. Schooling

What is your highest **completed** school level?

Year 12 Year 10 Year 8 or lower
 Year 11 Year 9 or equivalent Did not go to school

In which year did you complete that school level?

Are you still attending secondary school? No Yes

If yes, provide grade and name of school. Grade _____

Name of school _____

8. Previous Qualifications Achieved

Have you **successfully** completed any of the following qualifications?

Yes No If yes, tick any applicable boxes

Bachelor Degree or Higher Degree	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 8	Certificate III (or Trade Certificate)	<input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 4
Advanced Diploma or Associate Degree	<input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 0	Certificate II	<input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Diploma (or Associate Diploma)	<input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 0	Certificate I	<input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Certificate IV (or Advanced Certificate)	<input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 1	Certificates other than above	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 0

9. Disclosure

Educational authorities such as TAFE Queensland and the National Centre for Vocational Education Research, conduct surveys of past and existing students for customer satisfaction, improvement and marketing purposes. If you have any objection to being contacted, please tick here.

10. Emergency contact (Person you want us to contact in an emergency)

Name
Phone ()
Relation to Emergency Contact (eg Son, Daughter, etc)

11. Disabilities (answering these questions will not affect your enrolment)

Do you consider yourself to have a disability, impairment or long term condition?

No **Go to Question 12**

Yes

If yes, please indicate the areas of disability, impairment or long term condition:

Hearing/Deaf	<input type="checkbox"/> 1 <input type="checkbox"/> 1	Acquired Brain Impairment	<input type="checkbox"/> 1 <input type="checkbox"/> 6
Physical	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Vision	<input type="checkbox"/> 1 <input type="checkbox"/> 7
Intellectual	<input type="checkbox"/> 1 <input type="checkbox"/> 3	Medical Condition	<input type="checkbox"/> 1 <input type="checkbox"/> 8
Learning	<input type="checkbox"/> 1 <input type="checkbox"/> 4	Other (please specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 9
Mental Illness	<input type="checkbox"/> 1 <input type="checkbox"/> 5		

Would you like to receive advice on support services, equipment and facilities which may assist? (if available) Yes No

Disability Type Definitions

These definitions may be useful for you to complete the disabilities section (11) on this form.

Hearing/Deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate or even severe or profound hearing loss. A person who is deaf has a severe or profound hearing loss and mainly relies upon vision to communicate.

Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. For example amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, or post-polio syndrome.

Intellectual

Low general intellectual functioning and difficulties in adaptive behaviour.

Learning

Significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.

Mental Illness

Psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

Acquired Brain Impairment

Acquired Brain Impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired Brain Impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

Vision

A partial loss of sight causing difficulties in seeing up to and including blindness.

Medical Condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. For example AIDS, cancer, chronic fatigue syndrome, crohn's disease, cystic fibrosis, asthma and diabetes.

12. Identity Verification

For privacy protection, it is necessary to store an identity verification keyword. This will enable institute staff to verify your identity via the phone.

Password (up to 10 characters)

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Password Hint (up to 20 characters eg—Mothers Maiden Name)

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STUDENT DECLARATION (please read carefully)

- I agree to abide by the TAFE Queensland Rules and Regulations and Institute Policy (available from the institute) and acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules.
- I confirm the accuracy of the information provided.
- **I understand I must provide evidence of concession eligibility at the time of enrolment. Subsequent evidence will not be accepted.**

If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment. This includes consent for the student to have access to the Internet through TAFE Queensland.

Student's Signature:

/ /

Date

Parent/Guardian's Signature:

(If student under 18 years)

Signature

Name	/ /
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Date

Issues may arise beyond the institute's control which affect its ability to deliver programs. Whilst every effort will be made to conduct all programs as advertised, the institute reserves the right to change or otherwise revise any program related issues including programs offered, class timetables, class locations and teacher allocations. The institute will make every reasonable attempt to advise students of any changes made to their selected program. The details in this document are correct at the time of printing.

Privacy Statement

Personal information collected as a result of your enrolment will be used by the Department for general student administration and vocational education and training administration and regulation; as well as departmental planning, reporting, communication, research, evaluation, financial administration (including debt recovery), auditing and marketing. Only authorised departmental officers and other authorised persons (e.g. service providers, funding recipients) have access to this information.

Your personal information may be disclosed to Australian and State Government authorities and agencies. Your personal information may be shared with other Queensland TAFE Institutes in which you enrol or apply to enrol. If you are a school-based apprentice or trainee, your personal information, attendance details, progress and results will be disclosed to your school and the Queensland Studies Authority. Your results may be disclosed to the Queensland Tertiary Admissions Centre. If you are an apprentice/trainee, your personal information, attendance details, progress and results will be disclosed to your employer or host employer. If you are under the age of 18 years your personal information, attendance details, progress and results may be disclosed to your parent/guardian. If you are studying at a Queensland Institute of TAFE towards your secondary education, your personal information, attendance details, progress and results will be disclosed to your school, Queensland Studies Authority and Education Queensland.

No further access to your personal information will be provided without your consent, unless authorised by the Information Privacy Principles in Information Standard 42 or as required by law.