



Queensland Marine Training Services

Group Training * Workshops * Tutorials * Recognition of Prior Learning * Industry Engagement

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Student Details Form

PERSONAL DETAILS

Surname:				Given Names:					
Address:									
				Post Code:					
Phone:	H:	W:		Date of Birth:					
Mobile:				Email:					
Gender:	Male	Female		What language do you mainly speak at home?					
Emergency Contact				Phone:	H:	M:			
Are you of Aboriginal or Torres Strait Islander origin?							Yes	No	
Were you born in Australia?	Yes	No	If No in which country where you born?						
Do you require assistance in the following:				Literacy	Yes	No	Numeracy	Yes	No

EMPLOYER DETAILS

Name:							
Address:							
				Post Code:			
Contact:							
Phone:				Fax:			
Mobile:				Email:			

STATISTICAL DETAILS

This information is used for statistical purposes only. Please circle or highlight.

Are you still attending secondary school?							Yes	No
Name of School								
What is your highest completed school level?					In what year did you complete that school level?			
Since leaving school have you completed any qualifications?							Yes	No
Qualification Name								
Current Employment Status		Employee	Full-Time	Part-Time	Casual	Self Employed	Unemployed	
Do you consider you have a permanent and significant disability?							Yes	No
If 'Yes'	Visual	Intellectual	Hearing	Chronic Illness	Physical	Other (Please Specify)		

DECLARATION

I agree to be bound by QMTS policies and procedures, including the use of photography for assessment and promotional purposes.

I declare that I give permission for QMTS to disclose my contact details to regulatory authorities if requested for quality assurance programs

I declare that the information above is true and correct. **I have enclosed two signed passport sized photographs of myself.**

Signature:				Date:			
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HOW DID YOU HEAR ABOUT QMTS?

QMTS Website	TAFE	Yellow Pages	Employer	MSQ	
Other (Please Specify)					

OFFICE USE ONLY

QMTS ID #:		Traineeship:	Yes	No
Invoice #		Paid:	Yes	No