



Vostro Institute of Training Australia Enrolment Form

Trainee Personal Information

<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /	
Surname:		Name:		Middle Name:	
Home Phone:	Mobile:	Fax:	Email:		
Current Address:					
Suburb:		State:		Post Code:	
Postal Address (if applicable):					
Country of Birth:			Language Spoken at home:		
English Level: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not very well <input type="checkbox"/> Not at all					
Are you aboriginal or Torres Strait Islander Origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)					
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander	

Employment Status (Please tick one)

<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed (not employing others)
<input type="checkbox"/> Unemployed - Seeking full time work		<input type="checkbox"/> Unemployed - Seeking Part Time Work	
<input type="checkbox"/> Employer		<input type="checkbox"/> Job Seeker	
<input type="checkbox"/> Not Employed - Not Seeking Employment		Other: _____	

Employer Information

Company Name:					
Employer Address:		Position:			
Work no:	Fax Number:	Email:			
Employer / Supervisor Name:					

Education Information

What is your highest completed School Level:

<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 8 or Lower
<input type="checkbox"/> Year 10	<input type="checkbox"/> Did not go to School
Are you still attending High School <input type="checkbox"/> Yes <input type="checkbox"/> No	

Year Completed: _____

Have you successfully completed any of the following qualifications:

<input type="checkbox"/> No qualifications	<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Advanced Diploma
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Diploma	<input type="checkbox"/> Higher qualification

Study Reason

Of the following categories, which BEST describes your main reason for enrolling into this course?

<input type="checkbox"/> To get a Job	<input type="checkbox"/> To try a different career	<input type="checkbox"/> For self development
<input type="checkbox"/> To get a better Job or Promotion	<input type="checkbox"/> It is a requirement of my current job	
<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> To start my own business	

Disability

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

<input type="checkbox"/> No	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Intellectual Mental Illness	<input type="checkbox"/> Learning
Acquired Brain Impairment <input type="checkbox"/> Other _____						

Course Selection

Please tick the box of which course you want to study:

- | | |
|---|--|
| <input type="checkbox"/> Certificate II in Community Support Services | <input type="checkbox"/> Certificate II in Transport & Logistics |
| <input type="checkbox"/> Certificate III in Aged Care Work | <input type="checkbox"/> Certificate III in Health Services Assistance |
| <input type="checkbox"/> Certificate III in Transport & Logistics | <input type="checkbox"/> Certificate IV in Business Administration |
| <input type="checkbox"/> Certificate IV in Competitive Manufacturing | <input type="checkbox"/> Certificate IV in Frontline Management |

Other: _____

Type of Enrolment:

- | | |
|--|--|
| <input type="checkbox"/> Traineeship - Fee For Service | <input type="checkbox"/> Company Paying Client |
| <input type="checkbox"/> ATTP | <input type="checkbox"/> Productivity Places Program |
| <input type="checkbox"/> Other: _____ | |

INFORMATION PROVIDED

<input type="checkbox"/>	Vostro Enrolment Form
<input type="checkbox"/>	Student Pre Assessment
<input type="checkbox"/>	Language, Literacy & Numeracy Assessment
<input type="checkbox"/>	RPL/CT explained and offered - Also referred to Student Handbook
<input type="checkbox"/>	Vostro Student Information booklet

Terms & Condition

IN SIGNING THIS ENROMENT FORM, YOU AGREE THAT

- All information above is all true and has been fully completed to the best ability you can.
- To become a member of the Vostro institute and agree to be contact regarding upcoming course and receive promotional material.
- You have read and understand the terms and conditions of Enrolment, and the Student Information Booklet which contains the course curriculum and relevant college information
- The college has permission to use any photographic image on which you may appear on marketing and advertising materials; Company also agrees to allow company logo and name use as a client of Vostro
- Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Australian Quality Training Framework administered by the Victorian Government - the registering authority. The information provided by the student to the provider may be made available to Commonwealth and State agencies;
- Directors / Managers
Personal/Directors Guarantee
The person signing this agrees to the terms of this contract and guarantees on behalf of themselves / business / company, shall be primarily liable of all amounts payable by The Client under this guarantee. It is understood that at first instance all notices and accounts under this agreement shall be directed to the business, but if the business has failed to pay any accounts, or any part of them, within the terms agreed, then the individual signing shall upon demand, promptly pay such outstanding accounts or invoices personally. If the Director is unable to Sign then a representative of their business is able to Sign on Behalf of the Director although full responsibility is held by the Director.
- It is a requirement of the Australian Quality Training Framework that students can access personal information held by Vostro Institute of Training Australia and may request corrections to information that is incorrect or out of date. Apply in writing to the Director of Studies if you wish to view your own records.

Trainee Name:	Trainee Signature:	Date:
Manager Name:	Manager Signature:	Date:
RTO Representative Name:	RTO Representative Signature:	Date: