

IRATA Course Enrolment Form

Candidate Personal Details																	
Surname or Family Name						Date of Birth		D	D	/	M	M	/	Y	Y	Y	Y
						Gender		Male			Female						
First Given Name						Middle Name											
						Phone											
Email Address						D/Licence or PP											
Address																	
						Suburb											
						State/territory			Postcode								
Emergency Contact Details																	
Full Name																	
Contact Phone						Relationship											
Course Information																	
IRATA Number						IRATA Log Book Number											
IRATA Training Level (if applicable)						IRATA Training Type (if applicable)											
<input type="checkbox"/> Level 1		<input type="checkbox"/> Level 2		<input type="checkbox"/> Level 3		<input type="checkbox"/> Initial		<input type="checkbox"/> Upgrade		<input type="checkbox"/> Re-validation							
Study Reasons																	
Of the following options, which BEST describes your reason for undertaking this course? (Tick ONE box only)																	
<input type="checkbox"/> To get a job				<input type="checkbox"/> To get a better job or promotion				<input type="checkbox"/> Personal interest/self development									
<input type="checkbox"/> To develop by existing business				<input type="checkbox"/> I wanted extra skills for my job				<input type="checkbox"/> Other reasons									
Cultural Background																	
Do you speak a language other than English at home?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please specify:							
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					
Do you require language, literacy or numeracy assistance?						<input type="checkbox"/> Yes			<input type="checkbox"/> No								

5th Point Group

Operations | Australia | New Zealand

www.5thpoint.com

Copyright © 2018 5th Point Pty Ltd

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick:

- | | | |
|---|--|--|
| <input type="checkbox"/> Vision / Blindness | <input type="checkbox"/> Hearing / Deafness | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Chronic Illness |

Other (Please specify)

If you require assistance for a disability, please give details:

Acknowledgements

I have been informed of the requirements (including physical) of the course in which I have enrolled. Yes No

I am able to safely undertake the activities, including practical activities, involved in the course in which I have enrolled without limitation from any pre-existing mental or physical condition. Yes No

I consent to 5th Point taking photos and/or video recordings during my training course. I understand that these photos may be used for promotional purposes, including being published on the website and/or social media. Yes No

Signed _____ Dated _____ D D / M M / Y Y Y Y

Staff Use Only	
Name of Verifier:	
Existing Technicians	New Technicians
IRATA Number Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo taken: <input type="checkbox"/> Yes <input type="checkbox"/> No
IRATA LogBook Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number IRATA LogBook Issued:
Total LogBook Hours Entered in IOS:	
Name of Staff Completing Registration:	
Date of Registration:	