



## RTO Course Enrolment Form

### Candidate Personal Details

Surname or Family Name										Date of Birth		D	D	/	M	M	/	Y	Y	Y	Y
										Gender		<input type="checkbox"/> Male				<input type="checkbox"/> 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

USI Number																					
<input type="checkbox"/> RIIWHS204D Work Safely at Heights										<input type="checkbox"/> RIIWHS202D Enter and Work in Confined Spaces											

### 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 try for a different career    | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To develop by existing business | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Personal interest/self development  |
| <input type="checkbox"/> To start my own business        | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> Other reasons                       |

### Employment Details

From the following categories, which best describes your current employment status? (Please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> Full time employee                   | <input type="checkbox"/> Employed (unpaid worker in family business) |
| <input type="checkbox"/> Part time employee                   | <input type="checkbox"/> Unemployed (seeking full time work)         |
| <input type="checkbox"/> Self employed (not employing others) | <input type="checkbox"/> Unemployed (seeking part time work)         |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Unemployed (not seeking work)               |

5th Point Group

Operations | Australia | New Zealand

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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	
Country of Birth	City of Birth			
Are you of Aboriginal or Torres Straight Islander descent?	<input type="checkbox"/> Neither	<input type="checkbox"/> Torres Straight Islander	<input type="checkbox"/> Aboriginal	

Education			
What is your highest completed level of school?	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10
<input type="checkbox"/> Never attended school	<input type="checkbox"/> Year 8 (or below)	<input type="checkbox"/> Year 9	
What year did you complete that level?		Are you still attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since leaving school, have you completed any of the following qualifications?			
<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Cert. III (or trade certificate)		
<input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> Cert. II		
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Cert. I		
<input type="checkbox"/> Cert. IV (or advanced certificate / technician)	<input type="checkbox"/> Other Certificate		

Disability		
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
<input type="checkbox"/> Other (Please specify)		
If you require assistance for a disability, please give details:		

Acknowledgements		
I have received and read course information relating to the course in which I have enrolled, including: physical requirements; payment / cancellation terms and conditions; and details of complaints and appeals processes.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signed	Dated	D D / M M / Y Y Y Y

<b>Staff Use Only</b>	USI Verified (date / initial):	Details Entered (date / initial):
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