

## TAA40104: Certificate IV Training and Assessment Enrolment form

| COURSE UNITS   | Enrolling |
|--|-----------|
| TAAENV401B (Work effectively in vocational education and training)                 | Yes / No  |
| TAAENV402B (Foster and promote an inclusive learning culture)                      | Yes / No  |
| TAAENV403B (Ensure a healthy and safe learning environment)                        | Yes / No  |
| TAADES401B (Use Training Packages to meet client needs)                            | Yes / No  |
| TAADES402B (Design and develop learning programs)                                  | Yes / No  |
| TAADEL301C (Provide training through instruction and demonstration of work skills) | Yes / No  |
| TAADEL401B (Plan and organise group-based delivery)                                | Yes / No  |
| TAADEL402B (Facilitate group-based learning)                                       | Yes / No  |
| TAADEL403B (Facilitate individual learning)  | Yes / No  |
| TAADEL404B (Facilitate work-based learning)  | Yes / No  |
| TAAASS401C (Plan and organise assessment)  | Yes / No  |
| TAAASS402C (Assess competence)   | Yes / No  |
| TAAASS403B (Develop assessment tools)  | Yes / No  |
| TAAASS404B (Participate in assessment validation)                                  | Yes / No  |
| APPLICANT DETAILS AND STATISTICAL INFORMATION                                      |           |
| Mr. / Mrs. / Miss / Ms   |           |
| Given Names  |           |
| Family Name  |           |
| Postal Address   |           |
| Number and Street  |           |
| Suburb or Town   |           |
| State  |           |
| Postcode   |           |
| Home Address   |           |
| Number and Street  |           |
| Suburb or Town   |           |
| State  |           |
| Postcode   |           |
| Home Phone Number  |           |
| Work Phone Number  |           |
| Mobile Phone Number  |           |
| Fax Number   |           |
| Email Address  |           |
| Gender   |           |
| Date of Birth  |           |

|   |   |
|---|---|
| What is your highest COMPLETED school level?  | (Please indicate)<br><input type="checkbox"/> Completed year 12 or equivalent<br><input type="checkbox"/> Completed year 11 or equivalent<br><input type="checkbox"/> Completed year 10 or equivalent<br><input type="checkbox"/> Completed year 9 or equivalent<br><input type="checkbox"/> Completed year 8 or below<br><input type="checkbox"/> Did not go to school   |
| In which YEAR did you complete that school level?   |   |
| Are you still attending secondary school?   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Of the following categories, please indicate which best describes your current employment status.   | <input type="checkbox"/> (01) Full time employee<br><input type="checkbox"/> (02) Part time employee<br><input type="checkbox"/> (03) Self employed . not employing others<br><input type="checkbox"/> (04) Employer<br><input type="checkbox"/> (05) Employed - unpaid in a family business worker<br><input type="checkbox"/> (06) Unemployed - seeking full time work<br><input type="checkbox"/> (07) Unemployed - seeking part time work<br><input type="checkbox"/> (08) Not employed - not seeking employment  |
| Date of commencement of employment  |   |
| Hours of work per week  |   |
| Are you of Aboriginal and/or Torres Strait Islander Origin?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO, Neither Aboriginal nor Torres Strait Islander | (If YES, please indicate)<br><input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Aboriginal AND Torres Strait Islander   |
| Country of Birth  |   |
| Are you an Australian Resident?   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Proof of residency supplied   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Do you speak a language other than English at home?<br>If YES, please specify the language spoken at home most often  | <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| Please indicate how well you speak English  | <input type="checkbox"/> Very well<br><input type="checkbox"/> Well<br><input type="checkbox"/> Not well<br><input type="checkbox"/> Not at all   |
| Have you SUCCESSFULLY completed any qualifications?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO  | If YES, please indicate.<br><input type="checkbox"/> Bachelor Degree or Higher Degree<br><input type="checkbox"/> Advanced Diploma or Associate Degree<br><input type="checkbox"/> Diploma Level (or Associated Diploma)<br><input type="checkbox"/> Certificate IV (or Advanced Certificate /Technician)<br><input type="checkbox"/> Certificate III (or Trade certificate) <span style="float: right;">cont overō .</span><br><input type="checkbox"/> Certificate II<br><input type="checkbox"/> Certificate I<br><input type="checkbox"/> Certificates other than the above |

|   |  |
|---|--|
| List Certificates held  |  |
| Do you consider yourself to have a disability, impairment or long-term condition? | <p>If YES, please indicate disability impairment</p> <input type="checkbox"/> Hearing/Deaf<br><input type="checkbox"/> Physical<br><input type="checkbox"/> Intellectual<br><input type="checkbox"/> Learning<br><input type="checkbox"/> Mental Illness<br><input type="checkbox"/> Acquired Brain Impairment<br><input type="checkbox"/> Vision . visual/sight/seeing<br><input type="checkbox"/> Medical Condition<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unspecified  |
| Reason for study  | <input type="checkbox"/> To get a job<br><input type="checkbox"/> To develop my existing business<br><input type="checkbox"/> To start my own business<br><input type="checkbox"/> To try for a different career<br><input type="checkbox"/> To get a better job or promotion<br><input type="checkbox"/> It was a requirement of my job<br><input type="checkbox"/> I wanted extra skills for my job<br><input type="checkbox"/> To get another course of study<br><input type="checkbox"/> For personal interest or self development<br><input type="checkbox"/> Other reasons |
| Do you a Concession Card?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><br>If YES, please list name of card  |

**Privacy Policy:**

In line with the Privacy Policy and legislation, all information obtained about clients, either individuals or organisations will be kept confidential and not disclosed without the written authority of the client and ASPIN . RTO. (Refer to 12.a - Confidentiality . Code of Professional Practice for ASPIN)

**Access and Equity:**

Access and equity refers to policies and approaches that ensure that the opportunities and benefits of participating in work or learning are available to everyone on an equal basis. It can include lawful actions of positive discrimination such as providing support or reasonable adjustments in training and assessment for a person with a disability. (Refer to 13.e - Equal Opportunity Principles and Practice - Code of Professional Practice for ASPIN  
 For further information, please refer to the Student Induction Pack

**The information disclosed in this document is truthful and honest.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date