

Short Courses Application Form



PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other (specify):	Unique Student Identifier (USI): <i>www.usi.gov.au (compulsory)</i>	
Family Name:	Given name:	
Middle name:	Date of Birth:	Marital Status:
Country of Birth:	Gender: Male Female Other	
Are you an Australian Citizen Permanent Resident	Other: Please state your VISA type:	

CONTACT DETAILS

ADDRESS:

Unit No:	Street Address:	Suburb:	State:	Postcode:
Email Address:	Phone (home):			
Mobile:	Postal Address: <i>(if different from above)</i>			

EMERGENCY CONTACT IN AUSTRALIA:

Name:	Phone (home/work):
Mobile:	Relationship of this person to you?

COURSE ENROLMENT

HLTAID009 Provide Cardiopulmonary Resuscitation	CCL - DZONGKHA PREPARATION PROGRAM
HLTAID011 Provide First Aid	Basic Program (1 Free Mock Test)
HLTAID012 Provide First Aid in an Education and Care Setting	Intermediate Program (2 Free Mock Tests)
CPCWHS1001 Prepare to Work Safely in the Construction Industry	Full Program (3 Free Mock Tests)
ECEC - Personal Development Workshops	
Manual Handling	

Start Date:

PAYMENT OF FEES

Who is paying the fees? I am paying the fees My parents are paying the fees My employer is paying the fees

LANGUAGE, LITERACY, NUMERACY & COMPUTER SKILLS

Is English your first language?	Yes	No	Do you experience difficulties in reading or writing?	Yes	No
Do you find working with numbers difficult?	Yes	No	Do you require any special assistance?	Yes	No
Do you require special support during your course of study? <i>(This could be related to a disability, learning difficulties, concentration issues or a medical condition)</i>				Yes	No
How would you rate your computer skills?	Never used a computer	I struggle to operate a PC	I am confident in Word/Excel	I am proficient in the full Office Suite	

AVETMISS DATA

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other:

Do you speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often) No, English only Yes (please specify):

Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) No Yes, Aboriginal Yes, Torres Strait Islander

LANGUAGE AND CULTURAL DIVERSITY

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

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Hearing/deaf	Physical	Intellectual	Mental illness	Acquired brain impairment	Medical condition	Vision
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Other

SCHOOLING

What is your highest COMPLETED school level? (Tick ONE box only). If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking.

Year 12 or equivalent	Year 11 or equivalent	Year 10 or equivalent	Year 9 or equivalent
Year 8 or below	Never attended school	Never completed any primary or secondary level education – go to next section	

Are you still enrolled in secondary or senior secondary education? Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the qualifications listed? Yes No, go to next section

If YES, tick ANY applicable boxes

Bachelor degree or higher degree	Advanced diploma or associate degree	Diploma (or associate diploma)
Certificate IV (or advanced certificate/technician)	Certificate III (or trade certificate)	Certificate II
Certificate I	Other education (including certificates or overseas qualifications not listed above)	

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	Self employed – employing others	Unemployed – seeking part-time work
Part-time employee	Employed – unpaid worker in a family business	Not employed – not seeking employment
Self employed – not employing others	Unemployed – seeking full-time work	Labour force status

STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/ traineeship/ apprenticeship (Tick ONE box only)

To get a job	To get a better job or promotion	For personal interest or self-development
To develop my existing business	It was a requirement of my job	Other reasons
To start my own business	I wanted extra skills for my job	
To try for a different career	To get into another course of study	

Name:	Date:	Signature:
Guardian Name: (For applicants below 18 years old)	Date:	Guardian Signature:

Note to applicants: This document is an application form and does not guarantee a training place in the nominated course. AIWT will assess the entry requirements and pre-requisites. If all requirements are met, AIWT will issue a Letter of Offer which you will need to accept with yours or your guardians signature. The Letter of Offer and deposit will then need to be forwarded to AIWT.

Please submit this Enrolment Application in person or via email to futurestudents@aiwt.edu.au, along with Photo ID and relevant documents.

AIWT OFFICE USE ONLY (Do Not Complete)

Date Approved: