

ENROLMENT FORM

All fields on this form must be completed to ensure accuracy of detail. Should you have any questions, please discuss them with your Trainer / Assessor or contact our Head Office on 0497 744 792.

COURSE DETAILS:			
Course Name / Unit of Competency:	<input type="text"/>		
Course Dates:	<input type="text"/>		
Course Location:	<input type="text"/>		
Course Type:	<input type="checkbox"/> Full Course	<input type="checkbox"/> Refresher	<input type="checkbox"/> RPL
Please circle YES/NO if you would like a HARD copy. Please note hard copy SOA is not automatically sent.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PARTICIPANT DETAILS			
NOTE: PLEASE PROVIDE YOUR FULL NAME AS PER DRIVER'S LICENCE OR PASSPORT			
Surname:	<input type="text"/>	Unique Student Identifier No:	
Given Names:	<input type="text"/>	<input type="text"/>	
Date of Birth (DOB):	<input type="text"/>	Gender:	<input type="text"/>
Address: (Include Suburb, State and Territory)	<input type="text"/> <input type="text"/>		
Phone:	(Home) <input type="text"/>	(Work) <input type="text"/>	(Mobile) <input type="text"/>
Email: *Mandatory	<input type="text"/>		
EMERGENCY CONTACT			
Full Name:	<input type="text"/>		
Relationship:	<input type="text"/>		
Contact:	Phone: <input type="text"/>	Mobile: <input type="text"/>	

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Approved by:	Compliance Manager	Date revised:	28/07/25
Approved by:	Iain Packer	Revised by:	Iain Packer

EMPLOYER DETAILS		
Employer Name:	<input type="text"/>	
Contact Person:	<input type="text"/>	
Position:	<input type="text"/>	
Address: (Include Suburb, State and Territory)	<input type="text"/>	
	<input type="text"/> Post Code: <input type="text"/>	
Phone:	(Home) <input type="text"/>	(Work) <input type="text"/>
Email:	<input type="text"/>	
CULTURE / LANGUAGE		
Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country and City of Birth:	<input type="text"/>	
Language normally spoken at home:	<input type="text"/>	
Are you of Australian Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EDUCATION / WORK BACKGROUND		
Highest grade of high school you completed:	<input type="text"/>	
Year you completed schooling:	<input type="text"/>	
Of the following categories, which best describes your current employment status?	<input type="checkbox"/> Full time (FT) employee <input type="checkbox"/> Part time (PT) employee <input type="checkbox"/> Full time Student	<input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other
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)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For self-development <input type="checkbox"/> To be recognised for my experience <input type="checkbox"/> It was a requirement of my job

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DISABILITY AND LEARNING DIFFICULTIES		
Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: <i>*You may indicate more than one area</i>	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other
Do you require any assistance with language, literacy or numeracy throughout this training course?	<input type="checkbox"/> Yes (please specify below):	
PRIVACY STATEMENT AND STUDENT DECLARATION		
Under the Data Provision Requirements 2012, Tectra Australia is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Tectra Australia for statistical, regulatory and research purposes. Tectra Australia may disclose your personal information for these purposes to third parties, including: <ul style="list-style-type: none">▪ School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;▪ Employer – if you are enrolled in training paid by your employer;▪ Commonwealth and State or Territory government departments and authorised agencies;▪ National Centre for Vocational Education Research Ltd (NCVER);▪ Organisations conducting student surveys; and▪ Researchers. Personal information disclosed to NCVER may be used or disclosed for the following purposes: <ul style="list-style-type: none">▪ Issuing Statement of Attainments or Qualifications, and populating authenticated VET transcripts;▪ Facilitating statistics and research relating to education, including surveys;▪ Understanding how the VET market operates, for policy, workforce planning and consumer information; and▪ Administering VET, including program administration, regulation, monitoring and evaluation. You may receive a NCVER student survey which may be administered by a NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).		
Student Declaration and Consent		
<input type="checkbox"/> I declare that the information I have provided, to the best of my knowledge, is true and correct.		
<input type="checkbox"/> I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Statement above.		
I provide Tectra Australia with permission to send a copy of my Statement of Attainment (SoA) to my employer.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

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Signature of Student:	<input type="text" value="X"/>	Date:	Click or tap to enter a date.
Double click on the X to sign			
Signature of Parent/Guardian:	<input type="text" value="X"/>	Date:	Click or tap to enter a date.
Double click on the X to sign			

**Parental/Guardian consent is required for all students under the age of 18.*

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