

ENROLMENT FORM(First Aid COURSES)

TO BE COMPLETED WITH HANDWRITING USING BLUE OR BLACK PEN



Instructions: Complete all sections by filling in the allocated boxes.

1. **PERSONAL DETAILS***Please writethenamethatyouusedwhenyouappliedforyourUniqueStudentIdentifier(USI),includingany middle names. If you do not yet have a USI see Question 14. for the link to the Website to apply for yourUSI.

TITLE: Pleasecircleoption:		Mr	Mrs	Miss	Ms	Other
FAMILY NAME:						
GIVEN NAME/S:						
Gender:	Male	Female	Other	Date of Birth:		

2. RESIDENTIAL ADDRESS

POSTAL ADDRESS

Street Address (Unit No/Street No and Street Name)	PO Box Number or Street Address (Unit No/Street No and Street Name)
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3. CONTACT DETAILS

Home Telephone No.	EmailAddress:
Mobile No.	
EmergencycontactName:	Relationship:
Emergency contact Number:	

4. LANGUAGE AND CULTURAL DIVERSITY

In which country whereyouborn?	<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> OTHER – please specify Country of Birth:		
Are you anAustralianCitizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO – If not please provide details and a copy of your Permanent Residency		
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – PLEASE SPECIFY		
How well do you speak English?	<input type="checkbox"/> VeryWell	<input type="checkbox"/> Well	<input type="checkbox"/> NotWell	<input type="checkbox"/> Not at all
Are you of Aboriginal and/or Torres Strait Islander Origin?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, ABORIGINAL		
<input type="checkbox"/> YES, TORRESSTRAITISLANDER	<input type="checkbox"/> YES, BOTH ABORIGINAL AND TORRES STRAIT ISLANDER			

5. DISABILITY AND SPECIAL CONSIDERATION

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

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

- | | |
|-------------------------------------------------------|----------------------------------------------------|
| <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 Please providedetails: | |

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6. SCHOOLING

What is your highest COMPLETED school level in Australia?

- | | |
|------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school in Australia |

In which year did you complete that school level? _____

7. PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the qualifications listed?

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> Diploma (or associated diploma) | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Other education (including certificate or overseas qualifications not listed above) |

Please provide details (full name) of qualification and where qualification was received:

10. EMPLOYMENT BACKGROUND

Of the following categories, which BEST describes your current employment status?

Please choose one option:

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

11. When did you do HLTAID001: Provide cardiopulmonary resuscitation?

____/____/____

12. When did you do HLTAID004: PROVIDE AN EMERGENCY FIRST AID RESPONSE IN AN EDUCATION AND CARE SETTING?

____/____/____

13. COURSE DETAILS

HLTAID001: Provide cardiopulmonary resuscitation &
HLTAID004: Provide an emergency first aid response in an education and care setting

Signed:

Date:

HLTAID001: Provide cardiopulmonary resuscitation (CPR only)

Signed:

Date:

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14. Enrolment FEE

I, _____ agree to pay the Enrolment Fee \$128(for HLTAID004 and CPR)/\$95(for CPR only) outlined in the Course information Guide, and understand the *Fees, Charges and Refund Policy* regarding the Enrolment Fee for the courses above

Signed:

15. UNIQUE STUDENT IDENTIFIER(USI)

If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) if you already have one
Unique Student Identifier

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16. DECLARATION

I understand that the information I have supplied on this form is, to the best of my knowledge and understanding, complete and correct. I understand that providing false, incomplete or misleading information may lead to the refusal of my application or cancellation of my enrolment at any time. I give permission to obtain official records from any educational institutions attended by me. I also authorise Rise Education and Training to supply any relevant official record to education institutions to which I am seeking admission and to government bodies/institutions. I understand that Rise Education and Training will not disclose information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies, as required or authorised by law or in accordance with Rise Education and Training's Privacy Policy and USI Privacy Statement.

By signing this form, I confirm that I supplied all the relevant information required; I have read and understood that declaration above; and I accept the terms and conditions of this application.

Student Signature:

Parent/Guardian Signature:

(under 18 years of age)

Date:

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