



RTO Enrolment Form

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Surname: _____

Given Name/s: _____

Home Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth: _____ Gender: _____

Emergency/Next of Kin Contact Details: Name: _____ Phone: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: **TAE40110 Certificate IV in Training and Assessment** _____

Date of enrolment: _____

3 EMPLOYMENT DETAILS

Business Name: _____

Contact Name: _____ Email: _____

Address: _____

Town/Suburb: _____ Phone contact: _____

4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?
(For both Aboriginal AND Torres Strait Islander origin, mark both boxes)

No
 Yes, Aboriginal
 Yes, Torres Strait Islander

Were you born in Australia? _____ If not, please specify? _____

Do you speak a language other than English at home?

No, English only *(Go to education section)*
 Yes, other – please specify below _____

How well do you speak English? Very Well Well Not well Not at all

5 EDUCATION

What is your highest completed school level?

Completed year 12 Completed year 11 Completed year 10 Completed year 9 or equivalent

In which year did you complete that school level? _____

Please Turn Over

Have you completed any of the following qualifications?

- | | |
|--|---|
| <input type="checkbox"/> Yes (please tick ANY applicable boxes) | <input type="checkbox"/> No (Go to the Employment section) |
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above |

6 DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

- | | | | | |
|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |

7 EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a 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"/> Not employed – not seeking employment |

8 STUDY REASON

Of the following categories, which best describes your main reason for 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"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons |

9 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth agencies (refer PIP statement below) and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Signed: _____

Date: _____

Please return completed form to:

NDA Tasmania, 1/65 St John Street, Launceston 7250

Fax: 03 6334 2750

Email: kristinac@nda.com.au

Department of Education – Personal Information Protection Statement

Personal information is collected from you for the purpose of obtaining and verifying student related details. It is used by the Department of Education for the planning, provision and reporting of educational and vocational training programs as authorised by the *Education Act 1994* and the *Skilling Australia's Workforce Act 2005* and related State and Commonwealth Acts and Regulations.

Your personal information will be used for the primary purpose for which it is collected, and will be disclosed to The National Centre for Vocational Education Research (NCVER), government and other authorised agencies for the purposes stated above.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Principal.

You can obtain a copy of the department's Personal Information Protection Policy on request.

TAE40110 Certificate IV in Training and Assessment

Select 10 units in total - 7 core units, plus 3 elective units

	Core Units Please choose all 7 core units	Apply for RPL	Workshop training
	TAEASS401A Plan assessment activities and processes	✓	
	TAEASS402A Assess competence	✓	
	TAEASS403A Participate in assessment validation	✓	
	TAEDEL401A Plan, organise and deliver group-based learning	✓	
	TAEDEL402A Plan, organise and facilitate learning in the workplace	✓	
	TAEDES401A Design and develop learning programs	✓	
	TAEDES402A Use training packages and accredited courses to meet client needs	✓	
	Elective Units Please leave elective selection blank as electives are assigned based on your current TAA40104 qualification		
	Assessment		
	TAEASS301A Contribute to assessment		
	TAEASS502A Design and develop assessment tools		
	Delivery and facilitation		
	TAEDEL301A Provide work skill instruction		
	TAEDEL403A Coordinate and facilitate distance-based learning		
	TAEDEL404A Mentor in the workplace		
	TAEDEL501A Facilitate e-learning		
	Language, literacy and numeracy		
	TAEELN401A Address adult language, literacy and numeracy skills		
	Training advisory services		
	TAETAS401A Maintain training and assessment information		
	Imported units		
	BSBAUD402B Participate in a quality audit		
	BSBCMM401A Make a presentation		
	BSBLED401A Develop teams and individuals		
	BSBMKG413A Promote products and services		
	BSBREL402A Build client relationships and business networks		
	BSBRES401A Analyse and present research information		

Please ensure you have attached the following:

- a copy of your TAA40104 qualification
- a copy of your current resume

Signature:

Date: