

Type of Enrolment

Please complete all sections for:

Course name: Bluecard Training Course

Filling in this form

- Please use a BLACK pen
- Print in BLOCK LETTERS
- Mark boxes like this \square with a \checkmark or x

Identification

Your personal details must be recorded **EXACTLY** as they appear on your identification in section 13

our personal details must be recorded EXACILY as they appear	on your identification in section 13.
Applicant Information	
ın □ Mrs □ Miss □ Ms □ Other:	
you only have a single name: ☐ (tick this box if you have one nangle name in the Surname section)	ame only that cannot be written in the following format. Write your
rst name (Given name)	Surname (Family name
our date of birth / /	Gender?
ontact number	Email address
our permanent/residential address	Your postal address (only if different to residential)
Postcode:	Postcode:
Employment Which of the following best describes your current employment status? Full-time employee Part-time employee Self-employed (not employing others) Self-employed (employing others) Employed (unpaid worker in a family business) Unemployed – seeking fulltime work Unemployed – seeking part-time work Not employed – not seeking work Unemployed longer than 52 consecutive weeks	What is your residency status? Australian citizen Temporary resident Australian permanent resident New Zealand citizen Other (please specify) In which country were you born? Australia Other (please specify) What is your town or city of birth?

Are you of Aboriginal or Torres Strait Islander origin? ☐ No	Education	
 ☐ Yes, Torres Strait Islander (please sign below) ☐ Yes, Aboriginal (please sign below) I confirm I am of Torres Strait Islander and/or Aboriginal Descent. 	Are you still attending secondary school? ☐ Yes ☐ No What is your highest completed school level? ☐Year 12 ☐Year 11 ☐Year 10 ☐Year 9 ☐Year 8 or below ☐ Never attended school	
(Please sign below)	In which year did you complete that school level?	
Signature:		
	What is your highest level of any post school qualification achieved?	
Culture & Core Skills	Have you successfully completed any qualifications/certificates since turning 17?	
What is the main language you speak at home?	☐ Yes ☐ No ☐ Would rather not say	
☐ English only☐ Other (please specify)	If you answered yes to the above question, please specify what qualification or certificate you have completed.	
If other how well do you speak English?	, , , , , , , , , , , , , , , , , , ,	
If other, how well do you speak English? ☐ Very Well ☐ Not well		
□ Well □ Not at all		
	Recognition of Prior Learning/credit transfer	
Do you need any language, literacy or numeracy assistance? ☐ Yes ☐ No	Have you worked in this industry for a long time? Have you got	
If yes, what core skills do you require assistance with?	experience in a similar workplace? You may be eligible to have this	
☐ Learning ☐ Reading ☐ Writing	experience recognised. RPL is assessment without training . You will still need to show you have the skills and knowledge that	
☐ Numeracy ☐ Oral Communication	apply to the qualification.	
Disability	If you have been accessed as competent in any of the units of	
Do you consider yourself to have a disability, impairment	If you have been assessed as competent in any of the units of competency	
or long-term condition?	in this qualification, you are eligible for a credit transfer. This means	
☐ No ☐ Yes (please specify below)	don't need to complete the training and assessment again. You'll ne	
☐ Hearing/Deaf ☐ Physical	to supply a verified copy of your statement of attainment to your trainer/assessor for this to happen. Credit transfer is applicable for t	
☐ Intellectual ☐ Learning	equivalent accredited units of competency only.	
☐ Vision ☐ Mental Illness		
☐ Medical Condition☐ Acquired Brain Impairment☐ Other (please specify)	I am interested in applying for RPL. Please contact me to let me know what I need to do.	
If yes, do you require support? (Details below please)	_	
	□ Yes ∐ No	
Study reason		
What best describes your main reason for completing this course?		
□To get a job □It was a requirement of my job		
□Extra job skills □To get a better job/promotion		
□To try for a different career □Pathway to another course		
□To develop existing business □To start my own business		
□Personal interest/self-development		
□Other		
Fee information		
SHORT COURSES		

The NSW Food Safety Supervisors certificate have set fees that are subject to change.

These fees will be disclosed to you and collected prior to commencement of training.

The NSW Food Safety Authority certificate is issued after completion of the course. The cost of this is included in the course fee.

Unique Student Identifier

As from 1 January 2015 you are required to provide a Unique Student Identifier (USI) to NTO before NTO can issue a statement of attainment or certificate and transcript for successfully undertaking accredited training and assessment. We are also required to include your USI in the data we submit to NCVER. More information can be found at: https://www.usi.gov.au/about

Do you have a USI?	_
□ YES	
☐ I will enable access for National Training Organisation to view m☐ I will authorise National Training Organisation to view/update m☐ I have forgotten/lost my USI and give National Training Organisa Declaration for this to happen) National Training Organisation will verify your USI with the Student Io the information provided on this enrolment form.	y account. tion permission to locate/find my USI. (Must complete Section 13 &
□ <i>NO</i>	
☐ I authorise National Training Organisation to apply for a USI on r☐ I will authorise National Training Organisation to view/update m☐ I have read, and consent to the collection, use and disclosure of Your city or town of birth (Australia or overseas)	y account.
This is needed to create your USI.	7
	1
Identification – MUST match your student details	
Please complete all details for ONE (1) of the following: Drivers Licence	
State	
Licence Number	
OR Medicare Card	
Card No	
Individual Ref No.	
Card Colour	
Expiry Date	
Name as appears on card	
☐ Passport	
Country of issue]
Passport No.	1

Language, Literacy & Numeracy Self-assessment checklist

This LLN Assessment is intended to be a general illustration of some of the key learning standards required of people attempting an entry-level qualification

Your result will help us to evaluate if you are suited to the level required for the course and if necessary, refer you to a more suitable course. We can also suggest some support for you to assist you with your studies should we identify that you have particular learning needs.

Rate yourself on the following tasks:

Yes (I can do this by myself) or No (I need help to do t

Tasks	In	In my first
	English?	language?
	Yes/No	Yes/No
I can:	I	
Read the time on a clock (analogue		
or digital)		
Use a calculator		
Add up the prices of things in my		
head		
Work out how much change I should		
give (without help from the register)		
Know roughly how tall I am in		
centimetres		
Make a guess how much things		
weigh in kilograms		
Use a GPS to find a place		
Read and understand letters or bills		
Take a phone message and write it		
down accurately		
Fill in a form (e.g. timesheet for		
work)		
Write notes, letters or emails		
Do my banking		
Follow instructions for a task		
Order supplies from a list		
Speak at meetings or in a group		

14. Student Declaration

I declare that all information provided in this enrolment form is true and correct.

- I understand that if I provide false information, my training and assessment program may be cancelled immediately.
- I have been informed of the eligibility criteria for this program.
- I authorise National Training Organisation to disclose information supplied in this document to relevant State and Federal Government agencies and bodies as required for:
 - o reporting enrolment details and training milestones and outcomes.
 - o statistical analysis, audit, verification, program evaluation and internal management purposes.
- I have been provided the student handbook including the Student Information and understand the terms and conditions of my enrolment (including program-specific requirements) and have been provided access to National Training Organisation fee payment policies including concession/exemption and refund policies.
- I have been made aware of all fees payable for my training/assessment.
- I agree that any photographs, videos, testimonials and/or feedback provided by me may be used on National Training Organisation's website, marketing, advertising and/or training materials, now or in the future. I understand that all photographs and/or video footage remain the property of National Training Organisation.
- I have read and agreed to Section 12, which refers to the collection of information needed to create or confirm a USI
- I understand I can find more information on my privacy rights regarding the USI by accessing http://www.usi.gov.au/Training-Organisations/Pages/privacy-notice.aspx.

Your name	
Your signature and date	