**Probu Dedleewun**

**Enrolment Form**

| **PERSONAL PARTICULARS** |
| --- |
| **Name:** |  **◻ Mr ◻ Miss ◻ Mrs ◻ Ms** |  **◻ Other** |
| **Family Name:** |  | **Given Name:** |  |
| **Middle Name:** |  | **Preferred Name:** |  |
| **Date of Birth:** |  | **Gender:** | **◻ Male ◻ Female** |
| **START DATE:** |  |  |  |
| **UNIQUE STUDENT IDENTIFIER (USI)****\*\*Required for White Card** |  |  |  |

| **HOME ADDRESS** |
| --- |
| **Number & Street:** |  |
| **Suburb/Town:** |  | **Post Code:** |  |
| **Home Phone No:** |  | **Mobile No:** |  |
| **Email Address:** |  |

| **EMERGENCY CONTACT/NEXT OF KIN** |
| --- |
| **Contact Name:** |  | **Relationship to Student:** |  |
| **Mobile No:** |  | **Home No:** |  |

| **FURTHER QUALIFICATIONS & LICENCING DETAILS** |
| --- |
| **Do you have your Drivers Licence** | **◻ Yes ◻ No** |
| **Do you have your Learners Permit** | **◻ Yes ◻ No** |
| **Do you have your Probationary Licence** | **◻ Yes ◻ No** |
| **Do you have any other Certificates or Qualifications, eg. White card** | **◻ Yes ◻ No** |
| **If so, please specify** |  |
| **Do you have any literacy/numeracy or learning difficulties** | **◻ Yes ◻ No** |
| **If so, what support can we give you?** |  |

| **MEDICAL INFORMATION** |
| --- |
| **Do you have any medical conditions** | **◻ Yes ◻ No** |
| **If so, please advise** |  |
| **Do you take any regular prescription medication?** | **◻ Yes ◻ No** |
| **If so, please advise** |  |
| **Will your medication affect your work performance?** | **◻ Yes ◻ No** |
| **If so, please advise** |  |
| **Name and Phone No of General Practitioner** |  |
| **Do you have Ambulance Cover:** | **◻ Yes ◻ No** |
| **Do you identify as a person with a disability?** | **◻ Yes ◻ No** |
| **If so, please advise** |  |

| **NATIONALITY** |
| --- |
| **Country of Birth:** |  | **City of Birth:** |  |
| **Are you an Australian Citizen?** | **◻ Yes ◻ No****If no, are you a permanent resident?****◻ Yes ◻ No****Do you have a working visa? Expiry date: \_\_/\_\_/\_\_****Please provide certified copies of your working Visa and current Passport.** |

| **EQUAL EMPLOYMENT OPPORTUNITY** |
| --- |
| **Do you identify yourself as First Nations?** |  **◻ Yes ◻ No** |
| **Is English your first Language?** |  **◻ Yes ◻ No** |
| **If No, what language do you speak?** |  |

| **COVID-19 IMMUNISATION** |
| --- |
| **Have you been fully vaccinated?** |  **◻ Yes ◻ No** |
| **If Yes, please provide Certificate** |  |
| **If No, please provide exemption or reason** |  |

| **OTHER INFORMATION** |
| --- |
| **What do you hope to achieve in this programme?**  |
|  |

**How did you hear about us?**

**◻ Facebook**

**◻ Service Provider**

**◻ School**

**◻ Media**

**◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that the details I have provided are accurate and will advise The Skill Engineer should any details change.**

| **Uniforms supplied – Please provide sizes** | HiVis L/S cotton drill Shirts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Navy Trousers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Steel Cap Safety Boots\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

| **Student name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |

***OFFICE USE ONLY***

| **Manager Signature** |  | **Date:** |  |
| --- | --- | --- | --- |

**Proof of ID sighted?**

**◻ Drivers Licence**

**◻ Proof of Age Card**

**◻ Health Care Card**

**◻ Other**