



STUDENT APPLICATION

©KINGS COLLEGE

Applicant Details:

Family Name:		Title:	
First Given Name:			
Second Given Name:			
Preferred Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	
Home Number:		Mobile Number:	
Home address:	<hr/>		
postal address:	<hr/>		

Course details:

Course being applied for:			
Preferred location of training:	<input type="checkbox"/> In my workplace (on the job) <input type="checkbox"/> At Columba College (off the job)		
Date ready to start:		Date must complete by:	

Emergency contact details:

Full name:			
Daytime Number:		Mobile Number:	

Night time Number:		Relationship:	
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Personal details:

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify):
Do you speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):
How well do you speak English? (tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at al	
Are you of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander		
Do you identify yourself as having a disability? (Please tick)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Vision <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Yes, Medical <input type="checkbox"/> Other		
Please specify:		
What is your highest COMPLETED school level? (Tick ONE box only.)		
<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 which YEAR did you complete school?	_____	

<p>Are you still attending secondary school?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Have you successfully completed any of the following qualifications?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Bachelor Degree or Higher Degree</p> <p><input type="checkbox"/> Yes - Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> Yes - Diploma (or Associate Diploma)</p> <p><input type="checkbox"/> Yes - Certificate IV (or Advanced Certificate/Technician)</p> <p><input type="checkbox"/> Yes - Certificate III (or Trade Certificate)</p> <p><input type="checkbox"/> Yes - Certificate II</p> <p><input type="checkbox"/> Yes - Certificate I</p> <p><input type="checkbox"/> Yes - Certificates other than the above</p>
<p>Of the following categories, which best describes your current employment status?</p>	<p><input type="checkbox"/> Full-time employee</p> <p><input type="checkbox"/> Part-time employee</p> <p><input type="checkbox"/> Self employed - not employing others</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Employed - unpaid worker in a family business</p> <p><input type="checkbox"/> Unemployed - seeking full-time work</p> <p><input type="checkbox"/> Unemployed - seeking part-time work</p> <p><input type="checkbox"/> Not employed - not seeking employment</p>
<p>Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)</p>	<p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> To develop my existing business</p> <p><input type="checkbox"/> To start my own business</p> <p><input type="checkbox"/> To try for a different career</p> <p><input type="checkbox"/> To get a better job or promotion</p> <p><input type="checkbox"/> It was a requirement of my job</p> <p><input type="checkbox"/> I wanted extra skills for my job</p> <p><input type="checkbox"/> To get into another course of study</p> <p><input type="checkbox"/> For personal interest or self-development</p> <p><input type="checkbox"/> Other reasons</p>

Your Personal Statement:

Why are you choosing this course?

Do you have a specific career aim or job in mind for the future?

Do you consider that you meet the pre-requisite requirements for the course:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
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Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
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Are you seeking credit for previous training or recognition of prior learning:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
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Are there any individual needs you have that we should be aware of so we take these into account when planning your training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
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If yes, please provide us a little more information:

Employer details

Trading Name:			
Contact Name:			
Contact Number:		Fax number:	
Workplace address:	_____		
Date ready to start:		Date must complete by:	

Enrolling student

The Australian Skills and Qualifications Authority is entitled to collect the information on this form for use by the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR). This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

By signing this form, I certify that the information provided is true and correct. I further certify that I have been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided:

Full name: _____

Sign: _____ Date: ____/____/____

RTO representative

By signing this form, I certify that I will make every effort to deliver on the services outlined to students and provide every possible opportunity to students to complete their planned course.

Full name: _____

Sign: _____ Date: ____/____/____

