

**\*\*Fill the form in capital letters\*\***

| Personal Details   |            |   |         |
|--|------------|---|---------|
| Title  | First name | Middle Name   | Surname |
|  |            |   |         |
| Date of Birth:   |            | <input type="checkbox"/> Male <input type="checkbox"/> Female |         |
| Phone:   |            | Mobile:   |         |
| Email ( <b>Use Capital Letters</b> ):  |            |   |         |
| <b>Unique Student Identifier (USI)</b> if known:<br><i>If you do not yet have a USI and want Gallipoli Education to apply for a USI on your behalf, complete the declaration at the end of the form.</i>   |            |   |         |
| Please provide your postal address in the boxes below accordingly  |            |   |         |
| Building / Property Name:  |            |   |         |
| Flat/Unit number:  |            | Street or Lot number:   |         |
| Street Name:   |            |   |         |
| Suburb, locality, or town:   |            |   |         |
| State/Territory:   |            | Postcode:   |         |
| <p>*What is the address of your usual residence?<br/> <i>Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work, or other purposes before returning to your home. If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i></p> |            |   |         |
| Enrolment Details: Please select the preferred course.   |            |   |         |
| <input type="checkbox"/> HLTAID009 Provide cardiopulmonary resuscitation   |            |   |         |
| <input type="checkbox"/> HLTAID011 Provide First Aid   |            |   |         |
| <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support   |            |   |         |
| <b>Preferred start date:</b>   |            |   |         |
| General Information  |            |   |         |
| 1. Have you ever studied with Gallipoli Education before?  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No      |         |
| 2. Country of Birth:   |            |   |         |
| 3. City of Birth:  |            |   |         |

|  |  |
|--|--|
| 4. Do you speak a language other than English at home?<br><i>If more than one language, indicate the one that is spoken most often.</i>  | <input type="checkbox"/> No, English only - Go to question 6<br><input type="checkbox"/> Yes, other, please specify: _____             |
| 5. How well do you speak English?  | <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all |
| 6. Are you of Aboriginal or Torres Strait Islander origin?   | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander           |
| 8. Do you consider yourself to have a disability, impairment or long-term condition?<br>If yes, please indicate the area of disability, impairment or long-term condition. (tick as many as apply)   |  |
| <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness<br><input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning<br><input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:<br><input type="checkbox"/> None   |  |
| 9. 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"/> Never attended school – Go to question 11   |  |
| 10. In which YEAR did you complete that school level?  |  |
| 11. Are you still attending secondary school?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12. Are you an international student (subclass 500 visa)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Previous qualifications</b>   |  |
| 12. What is your most recent qualification?  |  |
| 13. Do you wish to apply for National Recognition or Credit Transfers?<br>If YES, certified copies of transcripts from previous qualifications must be provided.   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 14. Do you wish to apply for Recognition of Prior Learning?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Employment</b>  |  |
| 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<br><input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking full-time work<br><input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking part-time work<br><input type="checkbox"/> Employer <input type="checkbox"/> Not employed – not seeking employment |  |
| <b>Study reason</b>  |  |
| Of the following categories, which BEST describes your main reason for undertaking this course?  |  |
| <input type="checkbox"/> To get a job  | <input type="checkbox"/> I wanted extra skills for my job  |
| <input type="checkbox"/> To develop my existing business   | <input type="checkbox"/> To get into another course of study   |

| Next of kin/emergency contact |  |                      |  |
|-------------------------------|--|----------------------|--|
| Name:                         |  | Relationship to you: |  |
| Address:                      |  |                      |  |
|                               |  | Postcode:            |  |
| Mobile:                       |  | Email:               |  |

### Privacy Statement and Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Gallipoli Education.

I understand that my RTO [Gallipoli Education] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us [Gallipoli Education] to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, \_\_\_\_\_ authorise

Gallipoli Education to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.
- I confirm that I am not a Subclass 500 (International Student) visa holder.

|                    |  |       |     |
|--------------------|--|-------|-----|
| Student Signature: |  | Date: | / / |
| Print Name:        |  |       |     |

Please use the details below to transfer / deposit funds and send your payment receipts to [info@gallipolieducation.edu.au](mailto:info@gallipolieducation.edu.au) for records.

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| <b>Bank :</b> NAB                        |
| <b>Name:</b> Gallipoli Education Pty Ltd |
| <b>BSB:</b> 082001                       |
| <b>AC:</b> 290998250                     |
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