

# PARTICIPANT INFORMATION FORM

## Participant Details (The information you have provided will remain private and confidential)

Participant's Full Name: \_\_\_\_\_ ☐ Male ☐ Female  
(As per your driver's license or passport, including Family & Given names)

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P'Code: \_\_\_\_\_  
(Usual residence – Not Temporary. Please include building names, flat/unit details, etc)

Postal Address \_\_\_\_\_ Suburb: \_\_\_\_\_ P'Code: \_\_\_\_\_  
(If different from above)

Phone: (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel No. \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you 18 years of age or over? ☐ Yes ☐ No

**Participant Unique Student Identifier Number-**

## Employment Status :Of the following categories, which BEST describes your current employment status?

- |   |  |
|---|--|
| <input type="checkbox"/> Full time Employee                   | <input type="checkbox"/> Employed - unpaid family worker       |
| <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 |

## Employer Details

Business Name: \_\_\_\_\_

## Cultural Background

- Were you born in Australia? ☐ Yes ☐ No
- If no what was your Country of Birth: \_\_\_\_\_
- Do you speak a language OTHER THAN English at home? ☐ Yes ☐ No
- If YES, which language do you usually speak? \_\_\_\_\_
- How well do you speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All
- Do you require any language, literacy or numeracy assistance? ☐ Yes ☐ No
- Are you of Aboriginal or Torres Strait Islander Origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

## Education

Are you still attending secondary school? ☐ Yes ☐ No

What is your highest COMPLETED school level?

- ☐ Never Attended School ☐ Year 8 or lower ☐ Year 9 or equivalent ☐ Year 10 ☐ Year 11
- ☐ Year 12

In which YEAR did you complete that school level? \_\_\_\_\_

Please complete Page 2

## Previous Qualifications

Have you SUCCESSFULLY completed any of the following qualifications? ☐ Yes ☐ No

If yes, then tick ANY applicable boxes:

Bachelor Degree or Higher Degree	<input type="checkbox"/>	Cert 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 1	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

(Tick ONE box only)

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	<input type="checkbox"/>

## Disability

Do you consider yourself to have a permanent disability?

Yes ☐

No ☐

If YES, tick ANY applicable boxes

Hearing / Deaf (11)	<input type="checkbox"/>	Acquired Brain Impairment (16)	<input type="checkbox"/>
Physical (12)	<input type="checkbox"/>	Visual (17)	<input type="checkbox"/>
Intellectual (13)	<input type="checkbox"/>	Medical Condition (18)	<input type="checkbox"/>
Learning (14)	<input type="checkbox"/>	Other (19)	<input type="checkbox"/>
Mental Illness (15)	<input type="checkbox"/>	Other Medical Conditions that may exempt you from completing this course	<input type="checkbox"/>

Give Brief Description for 'Other' Selections: \_\_\_\_\_

## PRIVACY NOTICE:

Under the Data Provision Requirements 2012, Combined Safety Services is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Combined Safety Services for statistical, administrative, regulatory and research purposes. Combined Safety Services may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.