

**OFFICE USE ONLY - To be completed Australian Training and Consulting Representative before submission to Records.**

<b>Training Provider Name:</b> Australian Training and Consulting	<b>Qualification Code:</b>	<b>Qualification Name</b>
Is the Administration Fee payable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If No, is proof of exemption provided <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is employer paying on behalf of candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If No, proof to be provided within 7 days <input type="checkbox"/> YES <input type="checkbox"/> NO	

**STUDENT DETAILS - To be completed by the participant (all sections must be completed)**

<b>1. NAME AND DATE OF BIRTH</b>		<b>2. ADDRESS AND TELEPHONE NUMBER</b>	
Family Name: Given Name(s): Date of Birth: Type of traineeship: <input type="checkbox"/> New Entrant <input type="checkbox"/> Existing Worker <input type="checkbox"/> Not a traineeship(Fee for Service) <input type="checkbox"/> SSP Course		Number/Street: Suburb/Town: State: NSW Postcode Phone: Home; (02) Work: (02): Mobile: Email:	
<b>3. GENDER (tick one box)</b>		<b>4. ABORIGINALITY (tick one box and sign (mandatory))</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female		I am of Aboriginal or Torres Strait Islander origin <input type="checkbox"/> Signed: _____ I am not of Aboriginal or Torres Strait Islander origin <input type="checkbox"/> Signed: _____	
<b>5. Administration Fee Exemptions (New Entrant Trainees only). Please ask the ATAC representative about required proof of exemption status.</b>			
I am a client of a teacher/consultant for students with a disability , and not receiving a Government benefit pension or allowance _____ / / Name of teacher/consultant Signature of teacher/consultant Date Or attach letter from teacher/consultant		I am currently receiving a Disability Support Pension from Centrelink (DSP/DSPI) Signature _____ Evidence to support exemption in the form of proof of Centrelink or Dept of Veteran Affairs benefit	
		I am a dependant child , spouse or partner of a recipient of the Disability Support Pension (DSP/DSPI) Dependency status <input type="checkbox"/> Dependant child <input type="checkbox"/> Dependant Spouse or Partner Signature _____ Evidence that the Entitlement provider accepts the child/spouse/partner as a dependant must be sighted	
<b>6. DISABILITY</b>		<b>7 ETHNICITY</b>	
Do you consider yourself to have a permanent and significant disability (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify type of disability _____ Do you require special help because of the disability? <input type="checkbox"/> YES <input type="checkbox"/> NO		Were you born in Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, in which country were you born? _____	
<b>8 CITIZENSHIP</b>			
Student Declaration: I am (tick one box) <input type="checkbox"/> an Australian citizen <input type="checkbox"/> a New Zealand citizen <input type="checkbox"/> an Australian permanent resident <input type="checkbox"/> a temporary resident <input type="checkbox"/> none of the above. Please specify _____			
<b>8. LANGUAGE</b>		<b>9. SCHOOLING</b>	
Which language do you mainly speak at home? (tick one box) <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER If OTHER, please specify the language spoken _____ Will you need help with English? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you consider you have a difficulty with literacy or numeracy <input type="checkbox"/> YES <input type="checkbox"/> NO		What is your highest COMPLETED school level? (tick one box) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower Town where Completed _____ In which YEAR did you complete that school level? _____ Are you still attending secondary school? (tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>10. PRIOR ACHIEVEMENTS</b>		<b>11. EMPLOYMENT</b>	
Since leaving school, have you COMPLETED any qualifications?(tick one box) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, then tick ANY applicable boxes: <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Advanced/Technician Certificate <input type="checkbox"/> Certificate other than above <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Undergraduate Diploma <input type="checkbox"/> Degree or Postgraduate Diploma		Of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – Not employing others <input type="checkbox"/> Employed - Unpaid family worker <input type="checkbox"/> Unemployed - Seeking full-time work <input type="checkbox"/> Unemployed - Seeking part-time work <input type="checkbox"/> Not employed - Not seeking employment <input type="checkbox"/> Employer	

NOTE: The information requested in this form will be used by DET for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for those purposes. I agree to information about my progress being passed to my employer. **(New Entrants only)** I accept that unless I furnish documents proving entitlement to an admin fee exemption within 7 days of the date below, I will be invoiced for \$404 per nominal year of the traineeship.

(Participant's signature) ..... Date: / /