

**Australian YMCA Institute of Education and Training
ENROLMENT FORM**



Please tick below the options for payment;

- Student (Direct Debit)- Please complete the attached form
- Employer- NOTE: If your employer is paying for this course you will need a manager's signature.

I _____, manager/owner authorise that the payment will be charged to _____ (organisation). YMCA administration will issue the organisation with an invoice for payment.

I give permission for YMCA WA to search for my USI if I do not provide one.

Sign: _____ Date: _____

Return to: P.O. Box 2155, CARLISLE NORTH, WA, 6101.

PERSONAL DETAILS

Mr / Mrs / Ms / Miss (please circle) USI # _____ Male Female
Date of Birth: / /

Family Name: _____ Given Names: _____

CONTACT DETAILS

Home Phone: _____ Work Phone: _____

Facsimile: _____ Mobile: _____

Email: _____

Home Address: _____
State: _____ Post Code: _____

Postal Address (if different) _____
State: _____ Post Code: _____

COURSE DETAILS

Course Name: _____

Commencement Date: _____

Please indicate how you found out about the course: _____

ETHNICITY

Are you of Aboriginal or Torres Strait Islander Origin? YES NO

Were you born in Australia? YES NO

If NOT born in Australia, in which country were you born? _____

Are you an Australian Citizen? YES NO

Are you a Permanent Resident of Australia? YES NO

Do you hold a current Australian Visa? YES NO

If yes, what visa type: _____

SCHOOLING

Are you still attending secondary school? YES NO

What is your highest COMPLETED school level? (tick one box)

Year 12

Year 11

Year 10

Year 9 or equivalent

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Year 8 or lower

Did not go to school

If you attended school, in which year did you complete that school level? _____ (eg. 1985)

EMPLOYMENT DETAILS

(only required for work-based programs and Traineeships)

Of the following categories, which BEST describes your current employment status?

ENTER CODE

(01) Full-time employee

(02) Part-time employee

(03) Self employed –Not employing others

(04) Employer

(05) Employed – Unpaid family worker

(06) Unemployed – Seeking full-time work

(07) Unemployed – seeking part-time work

(08) Not employed – Not seeking employment

Employer/Department: _____

Postal Address: _____

State: _____ Post Code: _____

LANGUAGE

Is English your main language at home?

YES

NO

If NO, please specify the language spoken _____

If you speak a language other than English at home, how well do you speak English (tick one box)

Very well

Not well

Well

Not at all

DISABILITY

Do you consider yourself to have a permanent and significant disability?

YES

NO

If YES, tick ANY applicable boxes:

Vision/Sight

Chronic illness

Hearing/Deafness

Learning

Physical

Mental illness

Intellectual

Acquired brain impairment

Medical condition

Other _____

PRIOR EDUCATION

Since leaving school, have you COMPLETED any qualifications?

YES

NO

If YES, tick ANY applicable boxes:

Certificate I

Diploma

Certificate II

Advanced Diploma or Associate Degree

Certificate III

Bachelor Degree or higher

Certificate IV

Certificate other than above

Trade Certificate

I am aware that I am enrolling in a training program that has set timeframes for completion. I understand that if I do not complete all components of this training program within this timeframe, I will have to pay additional fees to complete the training program.

SIGNATURE

DATE