

STAFF-IN-CONFIDENCE  
 (WHEN COMPLETE)

# Aerodrome Management Services Pty Ltd Enrolment Form

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## Qualification Selection *(Please choose by placing an X in the boxes that apply to you)*

I am applying for the following course: (please tick below)

☐ ARO / WSO Training Course    ☐ WSO Training Course    ☐ Other:

Date of training course:

I am applying for RPL/RCC for this course:    ☐ Yes    ☐ No

## Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:    ☐ Mr    ☐ Mrs    ☐ Ms    ☐ Miss    ☐ Other:

Gender:    ☐ Male    ☐ Female    Date of Birth:

Surname:

Given Names:

Unique Student Identification Number:  
 (Please Note: registration cannot occur without this number)

## Contact Details

Phone: (Home)    Phone: (Work)

Mobile:    Fax:

Email:

## Home Address

Address:

Suburb:

State:    Postcode:

## Mailing Address *(Complete this section only if your mailing address is different to your home address)*

Address:

Suburb:

State:    Postcode:

Dietary Requirements    Vegetarian / Vegan / Allergies:    Other:

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<b>Employment Status</b>			
Employment Status: <i>(Please choose by placing an X in the boxes that apply to you)</i>			
<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<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
Of the following categories which best describes your main reason for undertaking this course?			
<input type="checkbox"/>	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
<b>Education</b> <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Are you still attending secondary school: <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your highest level of education COMPLETED? (please tick below)			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
In which year did you complete that school level:			
Have you successfully COMPLETED any of the following qualifications? (please tick below)			
<input type="checkbox"/>	Bachelor Degree or Higher Degree	<input type="checkbox"/>	Advanced Diploma or Associate Degree
<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate IV (or advanced certificate)
<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificates other than the above
<b>Language and Literacy</b> <i>(Please choose by placing an X in the boxes that apply to you)</i>			
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? <input type="checkbox"/> No English only <input type="checkbox"/> Other (please specify):			
Do you require assistance with English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PLEASE NOTE:</b> reading out loud, basic calculations and written theory answers are required as part of this training.			
Do you believe you may need any additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify:			

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List at least ONE form of ID (e.g. Drivers License). The Instructor or Admin Staff to sight ID			
ID Type	ID #	ID Sighted (Instructor / Admin to sign)	
Disability Status (Please choose by placing an X in the boxes that apply to you)			
Do you suffer from any physical / mental disability that may affect your participation in the course?			
<input type="checkbox"/> Yes (please indicate below)		<input type="checkbox"/> No	
Disability, Impairment or Long-Term Condition			
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Not Specified
Indigenous Status (Please choose by placing an X in the boxes that apply to you)			
<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

Declaration
I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Aerodrome Management Services Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.
Name:
Signature:
Date:

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