

ENROLMENT FORM FOR LOCAL/DOMESTIC STUDENTS

STUDENT DETAILS:			
First Name:		Middle Name:	
Surname:			
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____	Date of Birth:	/ /
Mobile:		Alt. Contact No:	
Email:			
Address:			
Suburb:		State:	Postcode:
Nationality:			
Are you on a Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Health Care Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
USI (Unique Student Identifier) Number:	If you don't have one, create one here: https://www.usi.gov.au/students/create-usi . The USI must be recorded in our system before a certificate can be issued.		

QUALIFICATION OR SHORT COURSE (refer to prices on our website) :	
<input type="checkbox"/> HLT35021 Certificate III in Dental Assisting <input type="checkbox"/> HLT45021 Certificate IV in Dental Assisting <input type="checkbox"/> HLT35115 Certificate III in Dental Laboratory Assisting <input type="checkbox"/> HLT41120 Certificate IV in Health Care <input type="checkbox"/> HLT51020 Diploma of Emergence Health Care (coming) <input type="checkbox"/> HLT21020 Certificate II in Medical Service First Response <input type="checkbox"/> CHC33015 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> BSB41419 Certificate IV in Work Health and Safety <input type="checkbox"/> BSB51319 Diploma of Work Health and Safety <input type="checkbox"/> BSB60619 Advanced Diploma of Work Health and Safety <input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management	<input type="checkbox"/> Dental Radiography <input type="checkbox"/> White Card <input type="checkbox"/> HLTINF001 Comply with infection prevention and control policies and procedures <input type="checkbox"/> HLTINFCOV001 Comply with infection prevention and control policies and procedures First Aid Short Course: <input type="checkbox"/> HLTAID009 Provide Cardiopulmonary Resuscitation <input type="checkbox"/> HLTAID010 Provide Basic Emergency Life Support <input type="checkbox"/> HLTAID011 Provide First Aid <input type="checkbox"/> HLTAID014 Provide Advanced First Aid <input type="checkbox"/> HLTAID015 Provide Advanced Resuscitation and Oxygen Therapy

PREFERRED COURSE COMMENCEMENT DATE:

Year:

Month:

PREFERRED TRAINING LOCATION IN WA: * Please note that not all courses are available at all locations Perth Metro – Belmont campus Mandurah campus Bunbury campus**EMERGENCY CONTACT DETAILS - In case of an emergency, please let us know who to contact:**

Name:

Mobile:

Relationship to applicant:

Email:

Language and Cultural Diversity (Government requirement details)**1. In which country were you born?**

Australia

 1101Other - please specify: _____**2. Do you speak a language other than English at home? (If more than one language, indicate the one spoken the most)**No, English only 1201Yes, please specify: _____**3. How well do you speak English?**Very well 1Well 2Not well 3Not at all 4**4. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both, mark both "yes" boxes)**No Yes, Aboriginal Yes, Torres Strait Islander **Disability (Government requirement details)****5. Do you consider yourself to have a disability, impairment or long-term condition?**Yes YNo N

If NO, Go to Question 6

If YES, please indicate the areas of disability, impairment or long-term condition: (you may indicate more than one area)

Hearing/Deaf

 11

Learning

 14

Vision

 17

Physical

 12

Mental Illness

 15

Medical Condition

 18

No Intellectual

 12

Acquired Brain Impairment

 16

Other

 19**Schooling (Government requirement details)****6. What is your highest COMPLETED school level? (Tick ONE box only)**

Year 12 or equivalent

 12

Year 10 or equivalent

 10

Year 8 or below

 08

Year 11 or equivalent

 11

Year 9 or equivalent

 09

Never attended school*

 02

If NEVER, Go to Question 7

7. In which YEAR did you complete that school level?

8. Are you still attending secondary school?Yes No

Previous Qualifications Achieved (Government requirement details)

9. Have you SUCCESSFULLY completed any of the following qualifications?

Yes Y No N If NO, Go to Question 10

If YES, then tick ALL applicable boxes.

Bachelor's degree or higher degree	<input type="checkbox"/> 008	Certificate III (or Trade Certificate)	<input type="checkbox"/> 514
Advanced Diploma or Associate Degree	<input type="checkbox"/> 410	Certificate II	<input type="checkbox"/> 521
Diploma (or Associate Diploma)	<input type="checkbox"/> 420	Certificate I	<input type="checkbox"/> 524
Certificate IV (or Adv Certificate/Technician)	<input type="checkbox"/> 511	Certificates other than the above	<input type="checkbox"/> 990

Employment (Government requirement details)

10. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee	<input type="checkbox"/> 01	Employed - unpaid worker in a family business	<input type="checkbox"/> 05
Part-time employee	<input type="checkbox"/> 02	Unemployed - seeking full-time work	<input type="checkbox"/> 06
Self-employed - not employing others	<input type="checkbox"/> 03	Unemployed - seeking part-time work	<input type="checkbox"/> 07
Employer	<input type="checkbox"/> 04	Not employed - not seeking employment	<input type="checkbox"/> 08

Study Reason (Government requirement details)

11. Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

To get a job	<input type="checkbox"/> 01	It was a requirement of my job	<input type="checkbox"/> 05
To develop my existing business	<input type="checkbox"/> 02	I wanted extra skills for my job	<input type="checkbox"/> 06
To start my own business	<input type="checkbox"/> 03	To get into another course of study	<input type="checkbox"/> 07
To try for a different career	<input type="checkbox"/> 04	For personal interest or self-development	<input type="checkbox"/> 12
To get a better job or promotion	<input type="checkbox"/> 05	Other reasons	<input type="checkbox"/> 11

APPLICATION INSTRUCTIONS

- **Submission details:** Please submit your application to admin@dnakingstontraining.edu.au, via post or in person via reception. For us to properly assess your enrolment eligibility, please:
 - Attach a copy of your passport photo page / driver's license / birth certificate.
 - Attach a copy of the academic transcripts of your previous studies / qualifications.
 - Ensure your Unique Student Identifier (USI) has been completed on this form.
- **Processing time:** Please allow up to 10 days for processing of applications. Once processed successfully, a Letter of Offer will be provided to you outlining your course information and fees payable.
- **Read our policies:** Please ensure that you have read and understood your offer as well as applicable course information and college policies – including the college Fee Policy and Refund Policy prior to proceeding with your offer. All relevant policies can be found on the DNA Kingston Training College website: www.dnakingstontraining.edu.au.

STUDENT DECLARATION

I declare the information provided in this document is current and correct.

I agree to commit to the training programme enrolled, pay the associated fees and follow the policies and procedures outlined by DNA Kingston Training:

Student signature:		Date:	
--------------------	--	-------	--