

## 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:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
If you don't have one, create one here: <a href="https://www.usi.gov.au/students/create-usi">https://www.usi.gov.au/students/create-usi</a> . The USI must be recorded in our system before a certificate can be issued.													

QUALIFICATION OR SHORT COURSE (please tick your selection) :	
Qualification	Short course:
<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 Emergency Health Care <input type="checkbox"/> HLT21020 Certificate II in Medical Service First Response <input type="checkbox"/> CHC33021 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"/> White Card - CPCWHS1001 Prepare to work safely in the construction industry <input type="checkbox"/> HLTINF006 - Apply basic principles and practices of infection prevention and control <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			
<input type="checkbox"/> Perth Metro – Belmont campus		<input type="checkbox"/> 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  1101      Other - 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  1201      Yes, please specify:  \_\_\_\_\_

**3. How well do you speak English?**

Very well  1      Well  2      Not well  3      Not 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  Y      No  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	<input type="checkbox"/> 11	Learning	<input type="checkbox"/> 14	Vision	<input type="checkbox"/> 17
Physical	<input type="checkbox"/> 12	Mental Illness	<input type="checkbox"/> 15	Medical Condition	<input type="checkbox"/> 18
No Intellectual	<input type="checkbox"/> 12	Acquired Brain Impairment	<input type="checkbox"/> 16	Other	<input type="checkbox"/> 19

**Schooling (Government requirement details)**

**6. What is your highest COMPLETED school level? (Tick ONE box only)**

Year 12 or equivalent <input type="checkbox"/> 12	Year 10 or equivalent <input type="checkbox"/> 10	Year 8 or below <input type="checkbox"/> 08
Year 11 or equivalent <input type="checkbox"/> 11	Year 9 or equivalent <input type="checkbox"/> 09	Never attended school* <input type="checkbox"/> 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](mailto:admin@dnakingstontraining.edu.au), via post or in person via reception together with the following required documents:
  - Copy of your passport photo page / driver’s license / birth certificate;
  - 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 working days for processing of applications. Once processed successfully, an 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](http://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:	
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