

## ENROLMENT FORM FOR VETSS STUDENTS

<b>Secondary School:</b>	
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### 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:	
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USI (Unique Student Identifier) Number:	
	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 (refer to prices on our website):

- HLT35021 Certificate III in Dental Assisting
- HLT35115 Certificate III in Dental Laboratory Assisting
- HLT41120 Certificate IV in Health Care
- HLT21020 Certificate II in Medical Service First Response
- CHC33015 Certificate III in Individual Support
- CHC43015 Certificate IV in Ageing Support
- HLT23215 Certificate II in Health Support Services
- HLT33115 Certificate III in Health Services Assistance
- HLT43015 Certificate IV in Allied Health Assistance
- 11040NAT Certificate III in Career Advancement
- CPCWHS1001 Prepare to work safely in the construction industry (White Card)
- HLTAID011 Provide First Aid

### Preferred Course Commencement Date:

Year:		Month:	
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### Preferred Training Location in Western Australia: \* 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:			

FINANCE CONTACT DETAILS – please indicate who to contact for payment enquiries:			
Name:			
Email:		Mobile:	

### 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  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](mailto:admin@dnakingstontraining.edu.au), via post or in person via reception.
- **Processing time:** Please allow up to 10 days for processing of applications. Once processed successfully, your and/or your school be advised.
- **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 (if applicable) and follow the policies and procedures outlined by DNA Kingston Training:

Student signature:		Date:	
Guardian Signature (if student is under 18 years of age):		Date:	
Guardian Name:			