

STUDENT CONTACT DETAILS FORM



RTO No. 32468

PLEASE COMPLETE THE FORM IN BOLD CLEAR CAPITALS

COURSE ENROLMENT

Please ✓ tick which course you are currently enrolled into;

<input type="checkbox"/> HLTAID001 Provide cardiopulmonary resuscitation	<input type="checkbox"/> UETTDRRF06 Perform rescue from a live LV panel	<input type="checkbox"/> UETTDRRF02 Perform pole top rescue	<input type="checkbox"/> UETTDRRF03 Perform EWP rescue	<input type="checkbox"/> UETTDRRF10 Provide first aid in an ESI environment
---	--	--	---	--

KNOWLEDGE & SKILLS

1. Based on the course selected, what is your experience on the topic?	<input type="checkbox"/> None at all	<input type="checkbox"/> Some experience	<input type="checkbox"/> Extensive experience
2. Does your current employment involve the skills and experience of this course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. If Yes to Q2, please state the number of years' experience.	_____ years		

UNIQUE STUDENT IDENTIFIER (USI)

Please provide your USI (if you have one):

--	--	--	--	--	--	--	--	--	--

If you do not have a USI you can apply directly at <https://www.usi.gov.au/your-usi/create-usi> or give Burton Training permission to create one on your behalf (refer to page 2). **Note:** certificates will not be issued at completion if you do not have a verified USI.

PERSONAL DETAILS

TITLE:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	DATE OF BIRTH:	____ / ____ / ____
GIVEN NAME (OFFICIAL):		MIDDLE NAME:	
SURNAME:			
ORGANISATION / EMPLOYER:		POSITION:	
MOBILE:			
EMAIL ADDRESS:			

POSTAL ADDRESS:			
CITY / SUBURB:	STATE:	POST CODE:	
STREET ADDRESS:			<input type="checkbox"/> AS ABOVE
CITY / SUBURB:	STATE:	POST CODE:	

AVETMISS RELATED DETAILS

GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
CITY OF BIRTH:	COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:	
AUST. CITIZENSHIP STATUS:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Temporary Resident Visa <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other Visa <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Permanent Humanitarian Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Overseas – No Visa or Citizenship
ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN:	<input type="checkbox"/> Yes <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No

EMPLOYMENT STATUS:	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Employed – Unpaid Worker in a 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"/> Self Employed – Employing Others <input type="checkbox"/> Unemployed – Not Seeking Employment
---------------------------	--

STUDENT CONTACT DETAILS FORM



RTO No. 32468

NATIVE LANGUAGE:	
ENGLISH ASSISTANCE:	Do you require assistance with reading, writing or speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION:	Highest level of school completed: <input type="checkbox"/> 12 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 or less Year completed (eg. 2000):
PRIOR QUALIFICATIONS:	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate III (or Trade Qualification) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or Advanced Certificate / Technician) <input type="checkbox"/> Other Education
DISABILITIES:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other:
STUDY REASON:	Which BEST describes the main reason you are undertaking this training? (Please ✓ tick one only) <input type="checkbox"/> To get a job <input type="checkbox"/> It is a requirement for my job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get into another course of study <input type="checkbox"/> To change career <input type="checkbox"/> For personal interest or self development <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other reasons

STUDENT DECLARATION & CONSENT

<input type="checkbox"/> I hereby agree to the Privacy Notice. <input type="checkbox"/> I declare the information provided on this form is true and correct. <input type="checkbox"/> I hereby agree to abide by the policies and procedures as stated http://www.burtontraining.com.au/studenthandbook.html <input type="checkbox"/> I hereby give Burton Training and Consultancy permission to create, verify and / or search my USI. <input type="checkbox"/> I understand that a certificate will not be issued until I have provided a verified USI. <input type="checkbox"/> I consent Burton Training and Consultancy to collect and release information regarding my enrolment to any Government department providing confidentiality is assured. <input type="checkbox"/> I consent Burton Training and Consultancy to provide a copy of my results for this training to my sponsoring Employer.
--

SIGNATURE:		DATE:	___ / ___ / ___
-------------------	--	--------------	-----------------

CREATE USI **Only complete this section if you do not already have a USI*

PERMISSION:	I, _____ confirm that I have read and understood the Privacy Notice and hereby give Burton Training and Consultancy Pty Ltd permission to create a Unique Student Identifier (USI) on my behalf.													
LICENCE DETAILS:	Please provide details of your Australian Drivers Licence for us to be able verify your identity: Licence No.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> State / Territory <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> <i>*If you wish to supply another form of ID, please provide a photocopy with this application.</i>													

Thank you for taking the time to complete!