**APPLICATION FOR ENROLMENT**

**Student Enrolment**

I wish to enroll for training & assessment  I wish to apply for RPL for the full qualification

I wish to enroll for assessment only I wish to apply for RPL for some units

\*Denotes a mandatory field

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| --- | --- | --- | --- | --- |
| **Applicant personal details** | | | | |
| Title | Mr  Mrs  Ms  Miss  Dr  Other | | | |
| \*Family Name |  | | | |
| \*Given Name (Must provide  your legal name) |  | | | |
| \*Date of Birth |  | Gender  Male  Female | | |
| \*Unique Student Identifier (USI)  **The USI is an essential requirement for submitting and marking units of assessments** | \*Do you have a USI?  Yes please provide >  No please see below | | \*USI Number: | |
| \*Do you authorise ATI-Mirage to apply for one on your behalf? | | Yes  No –  please apply on your own behalf and submit to ATI-Mirage within 7 days for enrolment to proceed | |
| \*Nationality |  | | | |
| \*Country of Birth |  | | | |
| \*City/Town of Birth |  | | | |
| Are you of Aboriginal or Torres Strait Islander origin? (Optional)  Yes  No | | | | |
| \*Drivers Licence Number (If not please contact the office)  **Drivers Licence number is required for ATI-Mirage to apply for your USI** | | State: | | Number: |
| \*Address  (Note: PO Box is not acceptable) |  | | | |
| \*Telephone/Mobile |  | | | |
| \*Email Address |  | | | |
| \*Preferred method of   contact | Telephone  Mobile  E-mail address | | | |
| Employer |  | | | |
| \*Job Title |  | | | |
| Emergency Contact |  | | | |
| Relationship |  | Telephone: | | |

|  |  |
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| **Education details** | |
| \*Last school / College /   University attended |  |
| \*Highest Qualification   achieved |  |
| \*Main language spoken   at home |  |
| \*English Language  Proficiency  *Note, certified copies of stated qualifications and English results must accompany your application* | Not required, English is my first language; or  My English skills are (self-assessment):  Excellent  Good  Average  Fair  Require assistance  *If required:*  IELTS Score       Date obtained  Other Score       Date obtained |

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| **Special needs** | |  |
| \*Do you have any   special needs or   disability? | Medical condition |  |
| Allergies |  |
| Hearing |  |
| Disability |  |
| Other |  |

|  |  |
| --- | --- |
| **Industry experience** | |
| \*What is your industry  experience relating   to the qualification   you are enrolling in? |  |

|  |  |
| --- | --- |
| **Qualification selection** | |
| \*Qualifications we offer   Details are also available on our website at [www.ati-mirage.com.au](http://www.ati-mirage.com.au) | BSB40515 Certificate IV in Business Administration  BSB41515 Certificate IV in Project Management Practice  OR Units of Competency  BSBWHS302 Apply knowledge of WHS legislation in the workplace  BSBWHS303 Participate in WHS hazard identification, risk assessment and risk control  BSBWHS304 Participate effectively in WHS communication and consultation processes  BSBWHS305 Contribute to WHS issue resolution  BSBWHS406 Assist with responding to incidents |

\*I declare that the information provided in this Application for Enrolment form is true and correct.

|  |  |
| --- | --- |
| Signature:    Insert electronic signature or print and sign | Date: |
| Print name: | |

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| **OFFICE USE ONLY** | |
| Date form received: | Date entered RTO: |
| Signed: | |
| Further action required: | |

\*Denotes a mandatory field

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| --- | --- | --- | --- |
| **VERSION CONTROL** | | | |
| **Version** | **Modification** | **Who** | **Date** |
| Version 5.1 | Changed scope and made electronic version | Deanna Ward | 12/04/2019 |