**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 |       |

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

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| **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 PracticeOR 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.

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| 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 |