

# ISTA Enrolment Form

Personal Details			
<b>1. Enter your full name</b>			
First name			
Middle name/s			
Family name (Surname)			
* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.			
<b>2. Enter your date of birth</b>			
Day/Month/Year	/	/	
<b>3. Gender (Tick ONE box only)</b>			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
<b>4. Enter your contact details</b>			
Home phone		Work Phone	
Mobile			
Primary email address			
Preferred contact method	<input type="checkbox"/> Home phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Email
<b>5. Please select the course that you are undertaking</b>			
BSB30120 Certificate III in Business			<input type="checkbox"/>
BSB40120 Certificate IV in Business			<input type="checkbox"/>
BSB40520 Certificate IV in Leadership and Management			<input type="checkbox"/>
BSB50120 Diploma of Business			<input type="checkbox"/>
BSB50420 Diploma of Leadership and Management			<input type="checkbox"/>
SIT30622 Certificate III in Hospitality			<input type="checkbox"/>
SIT30821 Certificate III in Commercial Cookery			<input type="checkbox"/>
SIT40521 Certificate IV in Kitchen Management			<input type="checkbox"/>
SIT50422 Diploma of Hospitality Management			<input type="checkbox"/>
CHC50121 Diploma of Early Childhood Education and Care			<input type="checkbox"/>
CHC30121 Certificate III in Early Childhood Education and Care			<input type="checkbox"/>
CHC33021 Certificate III in Individual Support			<input type="checkbox"/>

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## 6. What is the address of your usual residence?

Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/Property Name			
Flat/Unit No			
Street or Lot Number		(e.g. 28 or Lot10997)	
Street Name			
Suburb, locality, community or Town			
State/Territory		Post Code	
Country			

## 7. What is your Postal Address (if different from above)

Please provide the postal address.

Building/Property Name			
Flat/Unit No			
Street or Lot Number		(e.g. 28 or Lot10997)	
Street Name/PO Box			
Suburb, locality, community or Town			
State/Territory		Post Code	
Country			

## Next of Kin Details

Name	
Relationship	
Contact Number	
Email	

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Language and cultural diversity			
<b>8. In which country were you born?</b>			
Australia	<input type="checkbox"/>		
Other – please specify ----- -----			
Visa Details: ----- -----			
<b>9. Do you speak a language other than English at home?</b> (If more than one language, indicate the one that is spoken most often)			
No, English only	<input type="checkbox"/> English only – Go to question 10		
Yes, other – please specify ----- -----			
<b>10. How well do you speak English?</b>			
Very well	<input type="checkbox"/> 1	Not well	<input type="checkbox"/> 3
Well	<input type="checkbox"/> 2	Not at all	<input type="checkbox"/> 4
<b>11. Are you Aboriginal or Torres Strait Islander origin?</b>			
No	<input type="checkbox"/>		
Yes, Aboriginal	<input type="checkbox"/>		
Yes, Torres Strait Islander	<input type="checkbox"/>		
Disability			
<b>12. Do you consider yourself to have a disability, impairment or long-term condition?</b>			
Yes	<input type="checkbox"/> Y		
No	<input type="checkbox"/> N No – Go to question 12		
<b>If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</b> (You may indicate more than one area)			
Hearing/deaf	<input type="checkbox"/>		
Physical	<input type="checkbox"/>		
Intellectual	<input type="checkbox"/>		
Learning	<input type="checkbox"/>		
Mental illness	<input type="checkbox"/>		
Acquired brain impairment	<input type="checkbox"/>		
Vision	<input type="checkbox"/>		
Medical condition	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Schooling	
<b>13. What is your highest COMPLETED school level?</b>	
Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02 – Go to question 14
What calendar YEAR did you complete that school level? ----- -----	
<b>14. Are you still attending secondary school?</b>	
Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Previous/current qualifications achieved	
<b>15. Have you SUCCESSFULLY completed any of the following qualifications</b>	
Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N No – go to question 16
<b>16. If YES, then tick ANY applicable boxes</b>	
Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Certificates other than the above	<input type="checkbox"/>

# ISTA Enrolment Form

Employment	Study Reason
<b>17. Of the following categories, which BEST describes your current employment status?</b>	<b>18. Of the following categories, which BEST describes your main reason for undertaking this course /traineeship /apprenticeship?</b>
<b>(Tick ONE box only)</b>	<b>(Tick ONE box only)</b>
Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/>	To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons <input type="checkbox"/>

### Unique Student Identifier

From 1 January 2015, we ISTA can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

### 19. Enter your Unique Student Identifier (if you already have one)

Unique student identifier

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### Language, Literacy and Numeracy (LLN)

Institute of Skills and Training Australia delivers all its courses in English, the language in which legislation, regulations and other information are written and attempts to establish students LLN needs prior to course commencement. Potential students are advised they need to have the required levels of literacy and numeracy for the course they intend to enroll in.

*If students are currently attending school, this LLN ability assessment will be sought from the teacher responsible for organising the training with Institute of Skills and Training Australia.*

If students are not school students and are enrolling in the course independently or through an employer, they will need to contact Institute of Skills and Training Australia if they have any doubts of their ability to complete the assessments due to LLN needs.

Also, if students are identified as needing assistance after course commencement a strategy will be provided by the ISTA. This strategy may include referral to a professional organisation such as an Adult Education Institution

I believe I have the required language, literacy and numeracy skills to complete the course

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## Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO, Institute of Skills and Training Australia, is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes: School - if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship, Employer - if I am enrolled in training paid by my employer, Government departments and authorised agencies and researchers

**Student Signature:**

**Name:**

**Date:**