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| Application for Enrolment | | |
| The course you are enrolling into? | * AgVet Chemical Users Refresher | |
| Proposed Start date: |  | |
| Have you ever studied with Ecoskills Training before? | | □ Yes □ No |
| This short course is a refresher and does not include accredited units. Applicants need to provide evidence of one of the below: Do you hold any of below documents  Yes  No   * Statement of Attainment (AHCCHM304 & AHCCHM307) * AusChem Certificate * ACUP (Agricultural Chemical Users Permit)   If YES, copies must be provided with this form. *If No, you will need to enrol in the full AHCSS00074 Agricultural Chemical Skill Set Level III* | | Evidence supplied□ Statement of Attainment□ AusChem Certificate □ ACUP |

| Personal Details | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enter your full name | | | | | | | |
| Surname: |  | | | | | | |
| Given names: |  | | | | | | |
| *Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names* | | | | | | | |
| Enter your birth date | | Day/month/year: \_\_\_ / \_\_\_ / \_\_\_ | | | | | |
| Gender (Tick ONE box only) | | □ Male □ Female □ Other | | | | | |
| Enter your contact details | | | | | | | |
| Home phone: | | ( ) | | Work phone: | | ( ) | |
| Mobile: | |  | | | | | |
| Email address: | |  | | | | | |
| Alternative email address (optional) | |  | | | | | |
| 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 homeIf you are from a rural area use the address from your state’s or territory’s ‘rural property addressing’ or ‘numbering’ system as your residential street addressBuilding/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site | | | | | | | |
| Building/ property name | |  | | | | | |
| Flat/unit details: | |  | Street or Lot Number (eg 205 or Lot 118): | | | |  |
| Street name: | |  | | | | | |
| Suburb, locality or town: | |  | | | | | |
| State/territory: | |  | Postcode: | |  | | |
| What is your postal address (if different from above)? | | | | | | | |
| Building/ property name: | |  | | | | | |
| Flat/unit details: | |  | Street or Lot Number (eg 205 or Lot 118): | | | |  |
| Street name: | |  | | | | | |
| Suburb, locality or town: | |  | | | | | |
| State/Territory: | |  | Postcode: | |  | | |

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| Language and cultural diversity | |
| In which country were you born? | □ Australia□ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often | □ No, English only□ Yes, other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes | □ No □ Yes, Aboriginal  □ Yes, Torres Strait Islander |

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| Disability | | | |
| Do you consider yourself to have a disability, impairment, or long-term condition? | | | □ Yes □ No – go to question 12 |
| If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities | | | |
| Hearing/deaf | Physical | Intellectual | |
| Learning | Mental Illness | Acquired brain impairment | |
| Vision | Medical Condition | Other | |

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| Schooling | | | |
| What is your highest COMPLETED school level (tick one box only) If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9 | | | |
| Year 12 or equivalent | Year 11 or equivalent | Year 10 or equivalent | |
| Year 9 or equivalent | Year 8 or below | Never attended schoolGo to question 15 | |
| What year did you finish studying at Secondary School? For example 2000, 2001 | | |  |
| Are you still enrolled in secondary or senior secondary education? | | | □ Yes □ No |

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| Previous qualifications achieved | | | | |
| Have you SUCCESSFULLY completed any of the qualifications listed in question 16? | | | | □ Yes – indicate below Question 16□ No – Go to Question 17 |
| If yes, tick ANY applicable boxes Please indicate one of these Prior Education Achievement Recognition Identifiers any applicable qualification level:  A – Australian E– Australian equivalent I – International  **International Note**: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:   1. A – Australian 2. E– Australian equivalent 3. I – International | | | | |
| □ A/E/I | Bachelor degree or higher degree | □ A/E/I | Certificate III (or trade certificate) | |
| □ A/E/I | Advanced diploma or associate degree | □ A/E/I | Certificate II | |
| □ A/E/I | Diploma (or associate diploma) | □ A/E/I | Certificate I | |
| □ A/E/I | Certificate IV (or advanced certificate/technician) | □ A/E/I | Other education (including certificates or overseas qualifications not listed above) | |
| What was your field of study? For example Horticulture, Mechanics | | | |  |

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| Employment | | |
| Of the following categories, which BEST describes your current employment status? (Tick one box only)For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week) | | |
| * Full-time employee | * Part-time employee | * Self-employed – not employing others |
| * Self-employed – employing others | * Employed – unpaid worker in a family business | * Unemployed – seeking full-time work |
| * Unemployed – seeking part-time work | * Not employed – not seeking employment | |

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| Study reason | |
| Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only) | |
| * To get a job | * It was a requirement of my job |
| * To develop my existing business | * I wanted extra skills for my job |
| * To start my own business | * To get into another course of study |
| * To try for a different career | * For personal interest or self-development |
| * To get a better job or promotion | * To get skills for community/voluntary work |
| * Other reasons |  |

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| Next of kin/emergency contact | | | | | |
| These are people that Ecoskills Training may need to contact in an emergency during your participation in training Please ensure that the people named are aware they have been nominated as emergency contacts and agree to their details being provided. | | | | | |
| Name: |  | | Relationship to you: | |  |
| Address: |  | | | | |
| Home phone: | | ( ) | Work: | ( ) | |
| Mobile: | |  | Email: |  | |

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| Employment Details – if undertaking any training in the workplace | | | | | | | | |
| Employer’s legal name: | |  | | | | | | |
| Your position: | |  | | | | | | |
| Business address: | |  | | | | | | |
|  | | | | | | | Postcode: |  |
| Phone: | ( ) | | | Email: | |  | | |
| Supervisor: |  | | Position: | |  | | | |