



# STUDENT ENROLMENT FORM

## Contact Us

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Phone 02 9897 5622 | Fax 02 9897 5644

| RTO No: 91349

Email: info@startraining.edu.au | Website: www.startraining.edu.au

### Personal details

1. Enter your full name \*

Family name (surname) \_\_\_\_\_

Given names \_\_\_\_\_

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names, exactly as shown on the ID you used.

2. Enter your birth date (Day Month and Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Gender (Tick ONE box only) Male  Female  Other

4. Enter your contact details **NOTE: you must provide an email and contact phone number.**

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

5. 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.

Street number \_\_\_\_\_ Unit number \_\_\_\_\_

Street name \_\_\_\_\_ Suburb or town \_\_\_\_\_

State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

6. What is your postal address (if different from above)?

Street or lot number \_\_\_\_\_ Flat/unit details \_\_\_\_\_

Street name \_\_\_\_\_ Suburb \_\_\_\_\_

Postal delivery (e.g. PO Box 254) \_\_\_\_\_

State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

### Language and cultural diversity

7. In which country were you born? Australia  Other (please specify) \_\_\_\_\_

8. Do you speak a language other than English at home? (tick if English only, if other please specify)

No, English Only  Other (please specify) \_\_\_\_\_

9. Are you of Aboriginal or Torres Strait Islander origin? No  Yes, Aboriginal

Yes, Torres Strait Islander

### Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes  No  - if no go to Question 12

11. 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)

Hearing/deaf  Acquired brain impairment

Physical  Vision

Intellectual  Medical condition

Learning  Other

Mental illness

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## Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

- Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent   
Year 9 or equivalent  Year 8 or below  Never attended school

13. Are you still enrolled in secondary or senior secondary education? Yes  No

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## Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15 below?

YES  NO

15. If YES, tick ANY applicable boxes.

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Bachelor's 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"/> |   |                          |
| Other education (including certificates or overseas qualifications not listed above) |                          |   | <input type="checkbox"/> |
- 

## Employment

16. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- |   |                          |                                       |                          |
|---|--------------------------|---------------------------------------|--------------------------|
| Full-time employee                            | <input type="checkbox"/> | Part-time employee                    | <input type="checkbox"/> |
| Self-employed – not employing others          | <input type="checkbox"/> | Self-employed – employing others      | <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"/> |
- 

## Study reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- To get a job  To develop my existing business  To start my own business   
To try for a different career  To get a better job or promotion  It was a requirement of my job   
I wanted extra skills for my job  To get into another course of study   
For personal interest or self-development  Other reasons
- 

## Unique Student Identifier (USI)

From 1 January 2015, we Star Training Academy, will 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).

In addition, we are required to include your USI in the data we submit to the National Centre for Vocational Education Research (NCVER). If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-usi> or call 1300 857 536. Please follow the link which will answer any questions you have and if you are having difficulty, ask a family member or friend to help or ring the USI toll free number. Star Training staff are not able to assist you with creating a USI owing to the number of students we enroll and this is also a personal number that you will need for future study with us or other organizations.

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Enter your Unique Student Identifier (USI). Please write legibly and there must be 10 digits.

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## Course Details – tick the course you wish to study (one selection per enrolment form)

<input type="checkbox"/>	AVI20118 Certificate II in Transport Security Protection	<input type="checkbox"/>	Traffic Controller (TCR)
<input type="checkbox"/>	CPP31418 Certificate III in Close Protection Operations	<input type="checkbox"/>	CPP40719 Certificate IV in Security Management
<input type="checkbox"/>	CPP20218 Certificate II in Security Operations (NSW Security Class 1A)	<input type="checkbox"/>	BSB41419 Certificate IV in Work Health and Safety
<input type="checkbox"/>	CPP31318 Certificate III in Security Operations	<input type="checkbox"/>	BSB40520 Certificate IV in Leadership and Management
<input type="checkbox"/>	CHC33015 Certificate III in Individual Support	<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"/>	CHC43115 Certificate IV in Disability
<input type="checkbox"/>	CHC52015 Diploma of Community Services	<input type="checkbox"/>	CPP50619 Diploma of Security Risk Management
<input type="checkbox"/>	CHC43015 Certificate IV in Ageing Support	<input type="checkbox"/>	BSB51319 Diploma of Work Health & Safety
<input type="checkbox"/>	CPCWHS1001 Prepare to work safely in the construction industry	<input type="checkbox"/>	Implement Traffic Management Plans
<input type="checkbox"/>	HLTAID009 Provide CPR	<input type="checkbox"/>	SITHFAB021 Responsible Service of Alcohol
<input type="checkbox"/>	HLTAID011 Provide first aid	<input type="checkbox"/>	SITHGAM022 Responsible Gambling Services
<input type="checkbox"/>	HLTAID012 Provide first aid in an education and care setting	<input type="checkbox"/>	HLTINFCOV001 Comply with infection prevention and control policies and procedures
<input type="checkbox"/>	HLTAID014 Provide Advanced First Aid		

### STUDENT DECLARATION

- REFUND POLICY:** Please read the refund policy, including Consumer Protection, in the student handbook which is available at reception desk or at [www.startraining.edu.au](http://www.startraining.edu.au) prior to signing this form.
- IMPORTANT INFORMATION:** All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.
- PRIVACY STATEMENT:** The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to study, in compliance with mandatory record keeping and reporting requirements as an RTO. For our full Privacy Policy please visit the website at [www.startraining.edu.au](http://www.startraining.edu.au).
- MOBILE PHONES:** We adopt a no mobile phone policy during class time. Phones must be turned to silent and placed out of sight and are not to be accessed unless staff have been informed that an emergency or urgent situation requires the phone to be monitored. Students will receive one warning and then will be removed from class and forfeit any student fee already paid. Mobile phones affect other students' ability to learn and the trainer's ability to deliver the course content.
- STUDENT HANDBOOK:** I have read the student handbook and understand my rights and responsibilities in relation to assessment, student fees, student support, refund and mobile phone use policy. By signing below, I am confirming that I understand these elements in full.

**I declare I have read and understand the Policies and Statements above and will abide by them:**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Students under 18 years of age, a Parent or Guardian must sign below to take responsibility for the enrolment.**

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Language, Literacy and Numeracy Core Skills Survey  
**(Levels 1 and 2 General for Short Courses)**

## Introduction

Thank you for choosing to study with Start Training Academy and we wish you well with your studies. So we can give you the best possible support and the maximum opportunity to succeed, we need to identify if there are any barriers you may have with Language, Literacy and Numeracy.

This survey will provide us with information we need to assist you if required. We do not share these results with other students and treat the results with confidence. If we feel there are any areas of concern we will discuss them with you and suggest options to help. Please approach our staff at any stage to discuss any concerns you may have.

Once this questionnaire is complete, it will be assessed by a Trainer/Assessor. If required the Trainer/Assessor may speak to you about any barriers identified and ask you some more questions. For some courses the result of this survey may mean that we cannot offer you training immediately but with some help we may be able to offer you training at a later date.

## Part 1: Fill out an information form

INFORMATION FORM	
<b>Personal details</b>	
Family name:	
Given name(s):	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Postcode:	
Date of birth:	--/--/----
Email address:	



Phone:	(H) (M)			
Language spoken at home:				
Highest level of education achieved:				
Occupation:				
Next of kin details:	Name: Address: Phone:			
Signature:	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"><b>Date:</b></td> <td style="width: 20%;"></td> </tr> </table>		<b>Date:</b>	
	<b>Date:</b>			

Why do you want to do this course? \_\_\_\_\_  
 \_\_\_\_\_

## Part2: A self-reflection

Tell us about your skills.

I can ...	Yes	Sometimes	No
understand signs			
fill in a time sheet			
count and check change when shopping			
Send a text message			
use the internet to get information like telephone numbers			
fill in a leave form			
read a staff memo			
use a computer to email			
use a calculator for + - x ÷			
read a newspaper			



read a work roster			
follow instructions for mixing a solution or to follow a recipe			
read a Google map or street directory			
read and understand an MSDS			
use an equipment manual			
complete a log book			
write an incident report			

### Part 3: Read a calendar

#### December 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Use the above calendar for December 2013 to complete the following activities.

1. How many days are there in this month? \_\_\_\_\_
2. Follow these instructions to mark up the calendar:
  - a) Put a tick (✓) on the second day of the month
  - b) Put a cross (X) on the tenth day of the month
  - c) Put a circle (O) on the third Sunday of the month
  - d) You get paid every Friday. Write “pay day” on every Friday on the calendar.



- e) There is a staff meeting on the first Tuesday of the month. Write “staff meeting” on the correct day.
3. What day of the week is the sixth of December 2013? \_\_\_\_\_
4. What is the first month of the year? Circle your answer.  
June      January      March      July
5. What is the month before December? Circle your answer.  
September      April      November      August
6. You are finishing work four days before Christmas Day to start your holidays. Write “holiday start” on the correct day.
7. People who do celebrate Christmas do so on 25<sup>th</sup> December as Christmas Day. What day of the week is that in 2013? \_\_\_\_\_
8. You have a staff morning tea every second Monday of the month. The last morning tea was on the 9<sup>th</sup> of December 2013. Mark the next morning tea on the calendar.

## Part 4: Read Signs

1. Draw a line between the sign and its meaning. The first one has been done for you.



Toilets

No cars

Wheelchair

No smoking

No phones

Traffic lights



**(For training staff ONLY – LLN Assessment Summary)**

Use this section to record information about the LLN assessment and your judgement of the candidate's skill levels. Include any notes that may be useful.

Candidate Name:

\_\_\_\_\_

Date assessed: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Capable to undertake training: Yes  No  If no, decision conveyed to candidate  
and understood? Yes  No

Recommendations for student and additional notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_