



Enrolment Form- School of Education 2008 applicants

Certificate IV in Training and Assessment (TAA40104)

<p>CSU Training Locked Bag 588 Wagga Wagga NSW 2678 Ph: 02 6933 2722 Fax: 02 6933 2882 E-mail: csutraining@csu.edu.au</p>
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Applicants Details

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Address		
State	Postcode	
e-mail	Telephone Business	
Telephone Personal	Date of Birth	
Current place of employment		
Current Address of employment		
Current workplace position (i.e. fulltime, part-time, casual)		
Trainee Details – To be completed & signed by the Trainee (all sections must be completed)		
<p>Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Aboriginality Are you of Aboriginal <input type="checkbox"/>, or Torres Strait Islander Origin? <input type="checkbox"/></p>	
<p>Disability Do you consider yourself to have a permanent & significant disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type of disability </p> <p>Do you require special assistance because of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Ethnicity Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born? </p>	
<p>Citizenship – Are you <input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Australian permanent <input type="checkbox"/> Temporary resident <input type="checkbox"/> None of the above, Please specify.....</p>		

<p>Language Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the language spoken: </p>	<p>Schooling What is the highest level you completed at school? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower In which year did you complete that level?..... Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Prior Achievements Have you completed any formal qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please tick one box only: <input type="checkbox"/> Postgraduate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma Level <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Misc Education <input type="checkbox"/> Bridging & Enabling Courses not identified</p>	<p>Employment Of the following categories, which best describe your current employment status, <input type="checkbox"/> 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 family worker</p>

I give permission for School of Education to transfer my evidence file (assessment cover sheets, Preceptor Reports, Academic transcript) to CSU Training for storage. I understand this evidence will be made available for audit purposes only.

Payment Details

Payment of the \$394 enrolment fee to be paid at the time of enrolment.

*Please contact CSU Training (02 6933 2722)
if your circumstances require you to pay in instalments.*

<input type="checkbox"/> Cheque made payable to CSU Training	
<input type="checkbox"/> Money Order made payable to CSU Training	
<input type="checkbox"/> Please debit my credit card for \$394 Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Card Number..... Expiry Date..... Card Holder's Name Cardholder's Signature	