

Enrolment Form



PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other *(Please specify)* _____

Single Name only *(Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family Name' section)*

Surname: _____

Previous Surname *(if applicable)*: _____

Given Name/s: _____

Date of Birth: _____ DD / MM / YYYY Gender: Male Female Other

Town/City of Birth: _____ State: _____ Citizenship: _____

Postal Address _____

Suburb/Town: _____ State: _____ Post Code: _____

Phone Numbers: Home: _____ Mobile: _____ Work: _____

Email: _____

Alternative Email _____

Student USI Number _____

Please tick if you require Aurora to obtain a USI on your behalf. To do so, we require ID such as Birth certificate, Passport or other licences. *(I authorise Aurora Training Institute to apply, pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf or verify my USI. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at www.usi.gov.au)*

COURSE DETAILS

Course Name: Espresso Machine Operation Skill Set Commencement Date: 12 to 14 September 2022

STUDENT DETAILS

Residential Address *(If different from postal address)*: _____

Suburb/Town: _____ State: _____ Post Code: _____

Emergency contact name: _____ Emergency contact Phone: _____

Emergency contact relationship to student: _____

Were you born in Australia? Yes No If no, Country of Birth: _____

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

Do you speak a language other than English at home?

No, English only Yes, please specify: _____

How well do you speak English? Very Well Well Not well Not at all

Do you consider that you have a disability, impairment or long-term condition? Yes No

If YES then tick the applicable boxes below: *(You may indicate more than one area)*

Vision Hearing/Deaf Physical Learning Intellectual

Mental Illness Acquired Brain Impairment Medical Condition Other _____

MARKETING

How did you hear about us?

Friend/Family Google/Yahoo Job Network Expo

Other: *(Please specify)* _____

EDUCATION AND TRAINING

What is your highest **completed** school level?

Year 12 Year 11 Year 10 Year 9 Year 8 or below Did not go to school

In which year did you complete the above school level?

Are you still attending secondary school? Yes No If yes, which school?

Have you successfully completed any qualifications? Yes No If yes, what year?

If YES then tick the applicable boxes below: *(You may indicate more than one area)*

Bachelor Degree or Higher Degree Certificate III
 Advanced Diploma or Associate Degree Certificate II
 Diploma Certificate I
 Certificate IV Qualifications other than the above

Are you currently enrolled in another certificate course? Yes No If yes, please specify

Have you successfully completed any units in the applicable course overview? Yes No If yes, please supply *Statement of Attainment*

STATISTICAL DETAILS

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

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
 Employer

Of the following categories, which BEST describes your main reason for undertaking this course:

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
 To get skills for community/voluntary work

STUDENT DECLARATION

1. I understand that information contained in this form may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring.
2. I agree to abide by Aurora Training Institute policies as outlined in the Student Handbook (www.aurora.edu.au).
3. I confirm that all information contained on both sides of this application is accurate at the time of submitting.
4. I agree for my contact details to be added to an Aurora Training Institute mailing list to receive electronic communication from time to time. I will notify Aurora Training Institute if I do not wish to receive communication.
5. I agree for Aurora Training Institute to video and/or take photos for quality training purposes and marketing.
6. If you are under 18 years of age, a parent or legal guardian must sign this form.
7. I confirm that there are no pending or previous criminal charges against me and understand that if there are any this may make me ineligible for enrolment and or vocational work placement with Aurora Training Institute.
8. I agree for my academic progress and results to be shared with my Job Service Agency, Centrelink, School or Employer (whichever applies)

Signed Student: Date: DD / MM / YYYY

If under 18 years of age:

Signed Parent/Legal Guardian: Date: DD / MM / YYYY

Parent/Legal Guardian Name:

Parent/Legal Guardian Phone Number:

Parent/Legal Guardian Email Address:

By submitting this application, you are not guaranteed a place within your chosen course until Aurora Training Institute has received and reviewed this application form and you have been provided with confirmation of your acceptance. Whilst every effort is made to ensure that a scheduled course does commence, Aurora Training Institute reserves the right to cancel, postpone, or otherwise modify any courses offered, locations delivered at, and delivery times.