worklinks inc.
TRAINING SERVICES

MAIL TO:
PO BOX 98
CABOOLTURE QLD 4510

ENROLMENT FORM
Employability Skills Development Course

ABN: 28 316 834 043

A separate enrolment form is required for each participant. Please complete all fields.

Attention - Coordinating Teacher: It is recommended that you complete the billing details for your school in the first section below, and photocopy before distributing to participants.

FOR BILLING PURPOSES Please insert the billing details for your school here. Worklinks will invoice the school for the collective group of participants.	Organisation/School:
	Contact Name:
	Contact Phone:
	Contact Email:
	Mailing Address:

PARTICIPANT DETAILS - PAGE 1	
Surname:	Given Name/s:
Date of Birth:	Gender: ❑ Male ❑ Female
Residential Address: City: Postcode:	
Phone Number:	Email:
LUI Number:	

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PARTICIPANT DETAILS - PAGE 2

Country of Birth:

Language Spoken at Home:

Proficiency in English: ❑ Very Well ❑ Well ❑ Not Well ❑ Not at All

Indigenous Status (select one): ❑ Aboriginal ❑ Torres Strait Islander ❑ Both Aboriginal and Torres Strait Islander ❑ Neither

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

If yes, please indicate (select all relevant fields):

❑ Hearing/Deaf ❑ Physical ❑ Intellectual ❑ Learning

❑ Mental Illness ❑ Vision ❑ Medical Condition

❑ Acquired Brain Impairment ❑ Other (Please State): _____

Highest Completed School Level: ❑ Year 8 or below ❑ Year 9 or equivalent ❑ Year 10 or equivalent ❑ Year 11 or equivalent ❑ Year 12 or equivalent

PARTICIPANT DECLARATION

Applicant's certification: I hereby certify that the information provided is true and correct.

Signature: _____ **Date:** _____