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

<table>
<thead>
<tr>
<th>Organisation/School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
</tr>
<tr>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Contact Email:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
</tbody>
</table>

Please insert the billing details for your school here. Worklinks will invoice the school for the collective group of participants.

### PARTICIPANT DETAILS - PAGE 1

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given Name/s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Residential Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>LUI Number:</td>
<td></td>
</tr>
</tbody>
</table>

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e: training@worklinks.com.au  | w: www.worklinks.com.au  | p: (07) 5428 0104  | f: (07) 5428 0456

Employability Skills Development Course: Enrolment Form - Version 1, August 2014
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

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

Signature: ______________________________ Date: ______________________________