BEST OPTION TRAINING - ENROLMENT FORM

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| --- | --- |
| Title: | First name: Middle name:Surname:  |
| Date of Birth: | Gender: |  |
| USI (Unique student identifier)  |
| Course: |
| Mobile Phone no. |  |
| Home Phone no. |  |
| Work Phone no. |  |
| Email: |  |
| Residential Address: |  |
| Postal Address:*(If different from resident address)* |   |
| Country of birth: |  |
| Are you of Aboriginal or Torres Strait Islander origin | No  Yes, Aboriginal Yes, Torres Strait Islander  |
| Do you speak a language other than English at home? | No  Yes, Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Status  | Employed full-time Employed part-time ssSelf-employed Unemployed  |
| Are you currently enrolled in secondary education? | No  Yes  |
| Highest school level completed | Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Never attended school  |
| Prior education achievementHave you successfully completed any of these qualifications? | Bachelor’s degree or Higher degree Advanced diploma or associate degree Diploma Certificate IV Certificate III or trade licence Certificate II Certificate I Other education (including overseas qualifications not listed above)  |
| Do you consider yourself to have a disability or impairment? | Yes No  |
| If you answered disability or impairment, please specify | Hearing/deaf Physical Intellectual Learning Mantal Illness Vison impairment Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for study | To gain employment To develop my own excisiting business To start my own business To start a new career To obtain a new role or promation It is a requiemt of my job I wanted extra skills for my job To get into another course of study For peronal intrest or development Other reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have read and consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://usi.gov.au/aboutus/privacy>  |  |
| Signature |  |

Please also include a copy of the following (if possible) –

* Driver’s licence
* Medicare card
* White card
* Any other applicable licence

 If you have any questions, you can give us a call on 02 9455 7570

or email info@bot.edu.au

Best Option Training cannot accept more than $1500 as a deposit.

Best Option Training RTO number 41246