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  ss  Self-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 achievement  Have 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](mailto:info@bot.edu.au)

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

Best Option Training RTO number 41246