



Wesley Vocational Institute form WVI Enrolment form

UNIQUE STUDENT IDENTIFIER (USI)

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STUDENT DETAILS

Surname		Given Name	
Other Name(s)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Date of Birth
Address Flat/unit Number		Street number & name	
Suburb, town		State/territory	Postcode
Phone (Home)	Mobile	Phone (Work)	
Email address			
Emergency Contact		Relationship	Phone

It is essential that you answer ALL questions that apply to your current situation.

Are you of Aboriginal and/or Torres Strait Islander origin? No Aboriginal origin Torres Strait Islander origin Both

Main language spoken at home: English Other
If Other, please specify _____

Proficiency in spoken English

Very Well Well Not Well

Will you need help with English? Yes No

Are you still enrolled in secondary school?

Yes No

What is your highest COMPLETED school level?

Year 12 or equivalent Year 9 or equivalent
 Year 11 or equivalent Year 8 or below
 Year 10 or equivalent Never attended school

Year completed school level: _____

Where did you complete that school level?

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If Yes, please select the area(s) in the following list

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental illness | |

Do you require special assistance because of this disability? Yes No

In which country were you born?

Australia: **Other:**

If Other, please specify _____

Are you: Australian Citizen New Zealand Citizen
 Australian Permanent Resident Temporary Resident
 Other (please specify) _____

Have you SUCCESSFULLY completed any previous qualifications? Yes No

If Yes, please tick ANY applicable boxes:

- Bachelor Degree or higher
 Advanced Diploma or Associate Degree
 Diploma (Associate Diploma)
 Certificate IV (or advanced certificate/technican)
 Certificate III (or trade certificate)
 Certificate II
 Certificate I

Other education (including certificates or overseas qualifications not listed above (please specify): _____

Which category 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 family business
 Unemployed - seeking full time work
 Unemployed - seeking part time work
 Not employed - not seeking employment

Study Reason Select the one which best describes the main reason you are undertaking this course (Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |



<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

EMPLOYER DETAILS – if applicable

Employer	Your Position		
Street number & name	Suburb		
State/Territory			Postcode
Contact Name			Phone
Contact's Position			

I agree to receive quarterly emails with the latest course information

STUDENT AGREEMENT / DECLARATION

I have received a copy of the WVI Student Handbook and have read and understood the terms and conditions and have had them explained to me. I understand and agree to accept and act accordingly to these terms and conditions. Where applicable, I have been provided with the details of any fees. I declare that the above information is true, accurate and not misleading in any way.

Signature: _____ Date: _____

Note: If the applicant is under 18 years of age then the approval of their parent/guardian is required:

Full Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

PLEASE POST / EMAIL YOUR COMPLETED ENROLMENT FORM TO YOUR NEAREST WESLEY VOCATIONAL INSTITUTE OFFICE (See office locations below)

For information on NSW Smart and Skilled go to www.smartandskilled.nsw.gov.au or call 1300 772 104

OFFICE USE ONLY

PROGRAM AND COURSE DETAILS

<input type="checkbox"/> Traineeship <input type="checkbox"/> School-based Traineeship <input type="checkbox"/> Fee For Service <input type="checkbox"/> NSW Smart & Skilled <input type="checkbox"/> Government Funded Program <input type="checkbox"/> Other (please specify): _____		
Trainer Name	Location	Start Date
Course Name	Code	
Qualification Level: <input type="checkbox"/> SOA <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Other		

<input type="checkbox"/> Phot ID sighted	Signed: _____	Date: _____
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ABN: 42 164 655 145 RTO Code: 90091 Free Call: 1800 676 039 Email: training@wesleymission.org.au Website: www.wesleytraining.org.au	Hunter Region 15 Denison Street NEWCASTLE WEST NSW 2302 Phone: 02 4915 3681	Port Macquarie Region 4/66 Clarence Street PORT MACQUARIE NSW 2444 Phone: 02 6588 1700	Southern Region 269 Crown Street WOLLONGONG NSW 2500 Phone: 02 4231 8200	Sydney Region 3 Dalmar Place CARLINGFORD NSW 2118 Phone: 02 9857 2777
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