



Office Use Only	
Course Title:	
Trainer:	
Date Commenced:	Date Finished:
Site Verification Return Date:	AVETIMISS No:
USI Number:	

Unique Student Identifier – MANDATORY INFORMATION	
Drivers Licence Number:	
Expiry Date:	State of Issue:
Other Form of ID:	
Town/City of Birth:	

Personal Details – AS PER YOUR DRIVER LICENCE		
Surname:		
First Name:		
Middle Name:		
Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	
Email:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Occupation:		
Company Name:		

Next of Kin Details		
Name:		
Address:		
Suburb:	State:	Post Code:
Mobile:	Relationship:	

Language & Cultural Diversity

- In which country were you born: Australia Other – Please Specify _____
- Are you of Aboriginal & Torres Strait Islander Origin? No Yes, Aboriginal Yes, Torres Strait Islander
- Do you speak a language OTHER THEN English at Home? No, English only Yes Please Specify _____
- How well do you speak English? Very Well Well Not Well Not at all

Schooling

- Are you still attending school? Yes No
- What is your highest COMPLETED school level?
- Yr 12 Yr 11 Yr 10 Yr 9 (or equivalent) Yr 8 (or below) Did not go to school
- In which year did you complete that school level? _____

Prior Qualifications Achieved

- Have you successfully completed any of the following qualifications? Yes No (go to next session)
- If YES, please tick ALL applicable boxes*
- Bachelor or Higher Degree Advanced Dip or Assoc Degree Diploma (or Associated Diploma)
- Certificate III or Trade Certificate Certificate II Certificate I Certificate other than above

Employment (Select the category that BEST describes you current employment status)

- Full time employee Part time employee Self-employed (not employing others) Employer
- Not employed (not seeking employment) Employed (unpaid in family business) Unemployed (seeking fulltime work)
- Unemployed (seeking part time work)

Which best describes your main reason for undertaking this training program (tick one box only)

- To get a job I wanted some extra skills for my job To try for a different career
- To get into another course of study To develop my existing business To get a better job or promotion
- For personal interest/self-development To start my own business It was a requirement of my job

Do you suffer from a disability? Please circle the appropriate choice below:

- Hearing/Deaf Physical/Mobility Intellectual Learning
- Mental Illness Acquired Brain Impairment Vision Medical Condition
- Other Unspecified

By undertaking training at Queensland Training and Development I consent to my personal information (first name, last name, date of birth etc.) being made available to third party organisations including other Registered Training Organisations, mine site contractors, Queensland Government departments at statutory authorities as required by law.

PLEASE TICK

I give permission or I do not give permission to Queensland Training and Development, to create and/or verify my Unique Student Identifier.

I confirm the accuracy of the information provided above and agree to abide by Queensland Training and Development rules and regulations. I agree that any photographs, testimonials etc. Taken or provided as a participant of Queensland Training and Development may be used for marketing or promotional purposes. I understand that should I not wish for this to occur, I must notify the supervisor at that time.

Participants Signature: Date:.....