

Form 313c
PEER VEET TRAINING DIVISION
ENROLMENT FORM – UPSKILLING



Invoice to	Student <input type="checkbox"/>	Employer <input type="checkbox"/>	Enrolment taken by
Have you attended PEER VEET before? (please tick ✓)			Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL DETAILS		Client ID No. Office use only	
<i>Full Legal Name for Licencing Registration Requirements</i>			
Surname *		Given Names *	
<i>'Known as' Name (if different from above)</i>			
Surname *		Given Names *	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Suburb		Post Code	
Home Phone No.		Mobile Phone No.	
Work Phone No.		Email Address	

ENROLMENT INFORMATION <i>[If CITB funded you must complete ALL of the information in this section]</i>			
Area	UPSKILLING		
Qualification / Course			
Commencing		CITB No.	
Currently an apprentice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what year?	1 st <input type="checkbox"/> 3 rd <input type="checkbox"/> 2 nd <input type="checkbox"/> 4 th <input type="checkbox"/>
Employer / School		ABN/ACN No.	
Employer Phone No.		Fax No.	
Contact Name		Mobile Phone No.	
Employer Address			
Employer Suburb		Post Code	

EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Phone No.		Other Phone No.	

Please turn over for more details

ENROLMENT FORM – UPSKILLING (continued)

Trade Union / Association?		Membership No.	
Indigenous Status	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/> Neither <input type="checkbox"/>
Country of Birth	Australia <input type="checkbox"/>	Other (please specify)	
At School?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Level Completed?	Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/>
Year Completed?		State / Country Completed?	
Language spoken at home?	English <input type="checkbox"/>	Other (please specify) _____	
If not English, proficiency in English?	Not Good <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
Labour Force Status	Full-time	<input type="checkbox"/>	Unpaid employment..... <input type="checkbox"/>
	Part-time.....	<input type="checkbox"/>	Unemployed (seeking full-time work)..... <input type="checkbox"/>
	Employer	<input type="checkbox"/>	Unemployed (not seeking working)
	Self-employed	<input type="checkbox"/>	Unemployed (seeking part-time work)..... <input type="checkbox"/>
Disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes	Acquired Brain Disorder.....	<input type="checkbox"/>	Hearing / Deaf..... <input type="checkbox"/> Physical
	Intellectual	<input type="checkbox"/>	Learning
	Medical Condition.....	<input type="checkbox"/>	Mental Illness..... <input type="checkbox"/> Vision..... <input type="checkbox"/> Other..... <input type="checkbox"/>
Prior Education?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes	Certificate I	<input type="checkbox"/>	Bachelor or Degree or Higher Level
	Certificate II	<input type="checkbox"/>	Diploma..... <input type="checkbox"/>
	Certificate III	<input type="checkbox"/>	Advanced Diploma & Assoc Degree Level..... <input type="checkbox"/>
	Certificate IV.....	<input type="checkbox"/>	Other (specify)

I do solemnly and sincerely declare that the above information is a true and accurate. I am aware that the information in this enrolment form may be provided to the Department of Further Education, Employment, Science and Technology and the Commonwealth Department of Education, Employment and Workplace Relations for statistical purposes.

FOR UPSKILLING STUDENTS

I do understand that payment must be received at least 7 days prior to the commencement of a course to confirm my place.

Signature		Date	
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PAYMENT BY CREDIT CARD

Name on Card		Card Type	
Credit Card No		Expiry Date	/
Signature		Date	

OFFICE USE ONLY					
Client <input type="checkbox"/>	Enrolled <input type="checkbox"/>	Scheduled <input type="checkbox"/>	Invoiced <input type="checkbox"/>	Received <input type="checkbox"/>	Confirmed <input type="checkbox"/>