



Course Enrolment Form

Thank you for choosing SeaSpray First Aid. as your provider of your nationally recognized qualification.

Please advise us on how you heard about us _____

Please complete the enrolment form below and indicate (✓) which course you are commencing.

- | | |
|---|--|
| <input type="checkbox"/> HLTAID001 CPR Only | <input type="checkbox"/> New Student |
| <input type="checkbox"/> HLTAID003 Provide First Aid and CPR | <input type="checkbox"/> Returning Student |
| <input type="checkbox"/> HLTAID004 Education/Care First Aid and CPR | <input type="checkbox"/> Unsure |

ENROLMENT FORM (all fields are mandatory)

Mr. Miss Ms Other (tick one box) **First Name** _____ **Surname** _____

Residential Address _____ **Post code** _____

Postal Address (if different from residential) _____ **Post code** _____

Phone (h) _____ **Phone (m)** _____ **email** _____

Male Female **Date of Birth** _____ / _____ / _____

Unique Student Identifier

USI#

1. Cultural Background and Language

Were you born in Australia? YES NO (if no, please specify) _____

Do you speak a language other than English? NO (English only) Yes (please specify) _____

How well do you speak English? (tick one) Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

2. Medication Condition

Do you consider yourself to have a disability, impairment or long term condition Yes No (if yes, tick any of the application boxes below)

Vision Hearing Intellectual Acquired Brain Impairment Mental Illness

Learning Physical Medical Condition Other (please specify) _____

3. EDUCATION

What is your highest COMPLETED school level ? (Tick one box only)

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below

In which year did you complete that school level? _____ **Are you still attending secondary school?** Yes No

4. **PRIOR QUALIFICATION**

Have you successfully completed any of the following qualification? (see below) Yes (if yes, please tick appropriate) No

Bachelor Degree or Higher Advanced Diploma or Associate Degree Diploma Certificate IV

Certificate III Certificate II Certificate I Certificate other than above

5. **EMPLOYMENT**

Full time employment Self-employed –Not employing others Part time Employee

Employer Not Employed – Not seeking work Employed – Unpaid, working in a family business

Unemployed – seeking full-time work Unemployed - seeking part time work

6. **STUDY REASON**

Of course the following categories, which best describes your main reason for undertaking this course (tick one)

To get a job To develop my existing business To start my own business

To try for a different career To get a better job or promotion It was a requirement of my job

I wanted extra skills for my job To get into another course of study For personal interest or self development

Other Reasons

I acknowledge that the above information is correct to the best of my knowledge.

Student Name

Student Signature

Date / /

Certification of course will be provided by Gold Coast Training College RTO 40816 Please see terms and conditions at gctrainingcollege.com.au