

## Student Enrolment Form - Certificates in General Education for Adults

### Student Details

**Title:**  Mr  Mrs  Ms  Miss  Other:

**Gender:**  Male  Female  Other:

**Legal Family Name:**

**Date of Birth:**

/ /20

*\*Student must have turned 15 at the time of enrolment.*

**Legal Given Name:**

**Legal Second Name:**

**Preferred Name:**

**Which town/city were you born in?**

**Which country were you born in?**

**Home Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Is this your postal address?**  Yes  No

**Do you wish to have your correspondence sent to the school/community organisation?**  Yes  No

**Postal Address:**

*\*If applicable*

**Email address (work/school):**

**Email address (home):**

**USI (Mandatory):**

**Are you of Aboriginal origin?**

Yes  No

**Are you of Torres Strait Islander origin?**

Yes  No

**Are you an Australian Citizen?**

Yes  No

**Which language/s do you speak at home?**

**Will you need support with using Standard Australian English for learning?**

Yes  No

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

Yes  No

Hearing

Physical

Intellectual

Learning

Mental illness

Acquired brain impairment

Speech-language impairment

Medical condition

Vision

Other.....

**If YES please provide details of any support you may need**

### Education

**What was the highest level of schooling that you completed?**

**Have you completed a Certificate in General Education for Adults**  Course in  Intro  Cert I  Cert II

**Have you completed any other vocational qualification?**

Yes  No

Cert I

Cert II

Cert III

Cert IV

Diploma or higher

## Student Declaration and Consent

- I understand that I must complete an LLN diagnostic assessment and an online student induction.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice displayed on the VTQ website.

**(Student) signature:**

**Date:**     /     /20

**(Parent/Guardian) signature:**

**Date:**     /     /20

*\*if Learner is under 18.*

## Support Organisation/Mentor Details

**Full name:**

**Location:**

*(YJ site/Organisation)*

**Mailing Address:**

**Suburb:**

**Postcode:**

**Mobile Phone:**

**Work Phone:**

**Email address:**