

PERSONAL DETAILS FORM

NEW STUDENT
UPDATE EXISTING STUDENT

CTIIDENT DET	AII C			
STUDENT DETA		Middle News		Duefaward Name (if different)
ame:	Title Given Name	Middle Name	Surname	Preferred Name (if different)
rganisation:	Company Name			Date of Birth
CONTACT DETA	AILS			
none:	Work	Mobile	Fax	Home
mail Address:				
ADDRESS				Tick this box if street address is
uilding Name:	Primary Postal Address		Primary Street	the same as nostal address
nit Details:				
treet No./Name:				
О Вох:				
ity/Suburb:				
tate:				
ostcode:				
. AVETMISS REL	ATED DETAILS			
ender:	Male	Female	Native Language:	English Other (please specify)
ountry of Birth:				
ity of Birth:			How well do you	Very well
itizenship Status:	Australian Citizer		speak English?	Well
	New Zealand Cit			Not well
	Australian Perma			Not at all
	Visa (specify typ		English Assistance	e: Yes
			g	No No
boriginal or	No		Attending Other	Yes
orres Strait	Aboriginal		School/s:	No
lander Origin:	Torres Strait Islan	nder	Highest	Completed year 12 Year completed
mployment	Full-time employee		COMPLETED	Completed year 11
atus:	Part-time employee		school level:	Completed year 10
		not employing others		
	Employer	.o. opio,g outoro		Year 9 or equivalent Year 8 or below
	= ' '	id worker in a family business	3	
		eeking full-time work	,	Never attended school
	Unemployed - Se	cking full-utile work		
	I Inampleyed - 9/	eeking part-time work		

Disabilities:	6. EMERGENCY CONTACT DETAILS				
No Yes (Pease indicate the appropriate areas below)	Contact Name:				
Hearing/Deaf Acquired Brain Impairment					
Physical Vision	Relationship:				
Intellectual Medical Condition					
Learning Other	Contact Number:				
Mental Illness	Contact Number.				
Prior Education:					
No Yes (Pease indicate the appropriate areas below)	7. HOW DID YOU HEAR ABOUT US?				
Bachelor Degree or Higher Degree level					
Advanced Diploma or Associate Degree Level					
Diploma Level					
Certificate IV	8. AREAS OF INTEREST				
Certificate III	Aviation Transport Protection Outdoor Recreation				
Certificate II	Business Private Investigations				
Certificate I	Business Administration Project Management				
Miscellaneous Education					
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5. STUDENT IDENTIFIERS	Firearms Security Operations				
Unique Student Identifier (USI):	First Aid Security Risk Management				
	Franchising Small Business Management				
Learner Unique Identifier (LUI) (OLD accordery acheel students only):	Human Resources Traffic Management				
Learner Unique Identifier (LUI) (QLD secondary school students only):	Justice of the Peace Training and Assessment				
	Leadership Work Health and Safety				
Skills for All Number (SA only):	Management Other (please specify):				
	Marketing				
O REGIADATION					
8. DECLARATION					
The Student Handbook contains information regarding Asset Training support services, privacy, access to records, harassment, discriming					
are our Code of Practice and our Indemnity Agreement. The Student Handbook is available at our training facilities and on our website at www.asset.edu.au.					
By signing this declaration you acknowledge that you have read, understood and agree to comply with the conditions outlined in the Student Handbook, the Code of Practice and the Indemnity Agreement.					
in the Student Handbook, the Code of Fractice and the indefinity Agreement.					
	Date://				
Please sign here:					
OFFICE LIGE ONLY					
OFFICE USE ONLY					
Notes:					



Asset Training Australia®

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