# ENROLMENT FORM

## CONTACT

| | Title | Given Name | Middle Name | Surname | Preferred Name |
|---|---|---|---|---|---|
| **Name** | | | | | |

| **Organisation** | | **Date of Birth** | | | |
|---|---|---|---|---|---|
| **Position** | | | DD | MM | YYYY |

| | Work | Mobile | Home |
|---|---|---|---|
| **Phone** | | | |

**Email Address**

## ADDRESS

| | Primary Street Address | Primary Postal Address |
|---|---|---|
| Street Number/Name | | |
| PO Box Details | | |
| City/Suburb | | |
| State | | |
| Post Code | | |
| Country | | |

## VET RELATED DETAILS

**Gender** [ ]   Other [ ]

**Country of Birth** [ ]   **City of Birth** [ ]

**Country of Citizenship** [ ]   **USI Number** [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Australian Citizenship Status** [ ]

**Aboriginal or Torres Strait Islander** [ ]

**Employment Status** [ ]

**Primary Language** [ ]

**How well do you speak English?** [ ]

**Highest COMPLETED school level** [ ]

**Year completed** [ ][ ][ ][ ]

**Prior Education**

| | | |
|---|---|---|
| [ ] Bachelor's Degree or Higher | [ ] Advanced Diploma or Associate Degree |
| [ ] Diploma Level | [ ] Certificate IV |
| [ ] Certificate III | [ ] Certificate II |
| [ ] Certificate I | [ ] Miscellaneous |

# ENROLMENT FORM

**Disabilities**  ☐ Yes  ☐ No

☐ Hearing / Deaf  ☐ Physical  ☐ Acquired Brain Impairment

☐ Mental Illness  ☐ Learning  ☐ Intellectual

☐ Vision  ☐ Medical Condition  ☐ Other

## EMERGENCY CONTACT DETAILS

**Full Name**

**Relationship**

**Contact Number**

## PROVISION OF INFORMATION

☐ I authorise SRA to supply information required to my employer (Certificates)

☐ I authorise SRA to look up and or create a USI on my behalf.

☐ I wish to receive information regarding courses and other training from SRA from time to time.

☐ I give permission for SRA to use my feedback for marketing purposes.

☐ I give permission for SRA to use my image for marketing purposes (Facebook, pamphlets, etc.)

I declare the information provided on this enrolment form and attached LLN was filled in by the candidate themselves, and that the information provided on the enrolment form is all true and correct.

**Date**

**Sign**

# ENROLMENT FORM

## PRE-TRAINING LITERACY AND NUMERACY REVIEW

- There is NO time limit.
- The purpose of the assessment is to identify how best the trainer can assist you to meet all assessment requirements for the course and to identify any areas for assistance.
- If you do not understand a question you can ask your trainer for assistance.

### QUESTION 1 (ONE)

For lunch today, I ordered:

| Menu | |
|---|---|
| Chicken roll | $6.40 each |
| Iced coffee | $3.60 each |
| Pretzel | $3.50 each |
| Extras | $0.60 each |

One (1) iced coffee $ ____

Two (2) pretzels $ ____

One (1) chicken roll with two (2) extras $ ____

What was the total cost of lunch? $ ____

How much change did I get from a $50 note? $ ____

### QUESTION 2 (TWO)

You are travelling from home to work. You walk 100 metres to the bus station. You catch the bus and travel 500 metres to the train station. You then catch the train and travel 1050 metres. You exit the train and walk 30 metres to your office. How far have you travelled?

____

### QUESTION 3 (THREE)

If a recipe says to use 250ml of milk in a vanilla milkshake, how much milk will you need if you must make 8 milkshakes?

____

### QUESTION 4 (FOUR)

Write down what your goals are in this industry.

____

### QUESTION 5 (FIVE)

What skills and/or knowledge would you like to learn at your place of work?

____

*Assessor Use Only*

Review deems proposed assessment instruments, learning material and strategies as appropriate.

☐ Yes  ☐ No

**LL&N checked by** ____   **Date** ____