



Enrolment Form

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FAX COMPLETED FORM TO (02) 88248233

OR SEND SCANNED DOCUMENT TO

sydney@emfour.com.au or mail to

PO Box 3635, Rouse Hill, NSW, 2155

Course:	Commencement Date:	COMMONWEALTH DEPARTMENT OF EDUCATION, EMPLOYMENT & WORKPLACE RELATIONS REPORTING INFORMATION
Student details		
Family Name: 1 st Name : 2 nd Name Preferred Name if different to above: Mr / Mrs/ Ms Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth: DD MM..... YYYY.....		COUNTRY OF BIRTH Do you speak a language other than English at home? No <input type="checkbox"/> English only Yes <input type="checkbox"/> Please specify other Language/s
Personal contact in event of emergency: Family Name : 1 st Name Contact Details:		How well do you speak English? Very Well <input type="checkbox"/> Well <input type="checkbox"/> Moderately Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>
Home Address: Suburb/Town: State: Post Code: Mailing Address if different to above: Email: Home phone: Mobile: Work phone: Work Fax:		Special needs: Please identify your particular needs and talk to the training manager Reading <input type="checkbox"/> Writing <input type="checkbox"/> <input type="checkbox"/> Other (please specify)..... Do You have a disability that will affect your participation in this course? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please specify
Employer: Mailing Address: Supervisor/Contact Person: Reason for undertaking this Course:		WHAT YEAR DID YOU LEAVE SCHOOL? 19/20 Level Achieved..... e.g. Year 10, 12, High School Graduation or equivalent
Are you an Aboriginal or Torres Strait Islander No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please specify.....		Highest COMPLETED post-school qualification gained in Australia? (tick appropriate box) None <input type="checkbox"/> Certificate I / Certificate II <input type="checkbox"/> Certificate III/IV <input type="checkbox"/> Advanced /Diploma (TAFE) <input type="checkbox"/> University Degree or Higher Qualification <input type="checkbox"/>
Conditions of Enrolment I authorise Em-Four to disclose to my employer information about my progress through this course/workshop, if required and for Em-Four Pty Ltd to correspond with my employer concerning my enrolment in this course. Further, I authorise Em-Four Pty Ltd to provide information to relevant State and Commonwealth education departments for statistical and research purposes as required. I have read the current "Em-Four Student Conduct" and "Em-Four Participant Information" documents and accept the conditions contained therein. I acknowledge that I will be required to submit material for assessment as part of my enrolment in this course and that failure to do so may result in my enrolment being cancelled Signature: Date:		Australian Qualification Name: Provider/Location..... Year Obtained:
		EM-FOUR USE ONLY
		Em-Four Identifier:..... State DET ID: Funding: