

Student Application and Enrolment Form

Privacy Disclaimer:

AHSR/ASMI is collecting the information on this form in accordance with the Privacy Act 1988 for administrative and academic purposes. Your information will not be disclosed to any other party unless authorised or required by law. For further information please refer to the Privacy and Personal Information Policy and Procedure located on our [website](#).

Application Guidelines:

All students are required to complete this form in its entirety before submission. Incomplete applications will result in students being refused from class.

Unique Student Identifier (USI) Numbers: Students studying nationally recognised training in Australia are required to provide a USI number. If you do not have a USI number please visit the USI [website](#) to apply before completing this application.

Learner Unique Identifier (LUI) Numbers: If you are in year 10 and/or over 15 years of age and are currently attending school in Queensland you are required to provide a LUI number. If you meet the above requirements and have not received your LUI number you will need to contact your school before completing this application.

Qualification:	
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Personal Information:									
Surname:		Given Name(s):		Other Name(s):					
Preferred Title:		Date of Birth:		Gender:					
USI:		LUI:		Home Phone:					
Mobile Phone:		Email:							
Preferred Method of Contact:	<input type="checkbox"/> Home		<input type="checkbox"/> Mobile		<input type="checkbox"/> Email				
Emergency Contact Name:									
Contact Phone:		Contact Email:							
Relationship to Student:									

Residential Address:					
Street Address:		Suburb:			
State:		Post Code:			
		Country:			

Postal Address:			Same as Above: <input type="checkbox"/>
Street Address:		Suburb:	
State:		Post Code:	
		Country:	

AVETMISS Requirements:			
Country of Birth:		City of Birth:	
Other than English, what language do you speak at home?			
Do you identify as Aboriginal or Torres Strait Islander? Please specify below:			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> None

Education:	
Are you currently attending high school?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify below:

What is the highest school level you completed?		<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11
<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Did not go to school
If you attended school, when did you complete the school year indicated above?			
Do you have any other prior education? <i>(please attach certified copies of results related to your application)</i>			
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Diploma	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor or Higher	<input type="checkbox"/> Other

Employment:			
What is your current employment status?		<input type="checkbox"/> Self-employed - not employing others	
<input type="checkbox"/> Employer	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Family Business
<input type="checkbox"/> Employed, unpaid worker		<input type="checkbox"/> Not employed – not seeking work	
<input type="checkbox"/> Un-employed seeking full-time work		<input type="checkbox"/> Un-employed seeking part-time work	
Does your current/recent employment relate to the program you are applying for?			<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you selected yes, please attach a copy of your most recent resume and/or related role description.</i>			

Health:			
Do you have any disabilities that might impact your study?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, please provide details below:
<input type="checkbox"/> Acquired Brain	<input type="checkbox"/> Hearing	<input type="checkbox"/> Intellectual	
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Other	
If you have checked one or more of the boxes above, do you require additional support?			<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you selected yes, a staff member will contact you to discuss your support requirements.</i>			

Identification:			
<i>Please attach evidence of your identification and indicate below what you have attached.</i>			
<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Citizen Certificate	<input type="checkbox"/> Immi Card
<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Work / Student Visa	<input type="checkbox"/> Australian Drivers Licence	

Student Declaration:			
<input type="checkbox"/>	I declare that the information provided in this form is true and correct		
<input type="checkbox"/>	I understand that if I do not provide all the information required I will be excluded from class		
<input type="checkbox"/>	I give authorisation for AHSR/ASMI to contact my emergency contact if/when required		
<input type="checkbox"/>	I have been directed to, read and understand the information on AHSR/ASMI's website pertaining to my rights as a learner including how to access ASHR/ASMI's Grievances, Complaints and Appeals processes and what my rights are if AHSR/ASMI or a third party delivering training and assessment on their behalf, closes or ceases to deliver any part of the training product I am enrolled in.		
Student Signature:		Date:	
Parent/Guardian Signature: <i>(required for students under 18 years)</i>		Date:	

