



# STUDENT ENROLMENT FORM

## Contact Us

Campus: 27A South Street, Granville NSW 2142  
Phone 02 9897 5622 | Fax 02 9897 5644  
RTO No: 91349 | M/L: 000101318  
SLED Approval No 14/19 | WorkCover Approval No RTO800059  
Email: info@startraining.edu.au | Website: www.startraining.edu.au

### Personal details

#### 1. Enter your full name \*

Last name (Family name) \_\_\_\_\_

First name (Given name) \_\_\_\_\_

Middle name \_\_\_\_\_

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names, exactly as shown on the ID you used.

#### 2. Enter your birth date (Day / Month / Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### 3. Gender (Tick ONE box only)      Male      Female      Other

#### 4. Enter your contact details      **NOTE: you must provide an email and contact phone number.**

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

#### 5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post-office box) where you usually reside.

Unit number	Street number
Street Address	Suburb or town
State/territory	Postcode

#### 6. What is your postal address (if different from above)?

Flat/unit details	Street or lot number
Street name	Suburb
Postal delivery (e.g., PO Box 254)	
State/territory	Postcode

### Unique Student Identifier (USI)

From 1 January 2015, we Star Training Academy, will be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course, if you do not have a Unique Student Identifier (USI).

In addition, we are required to include your USI in the data we submit to the National Centre for Vocational Education Research (NCVER). If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-usi> or call 1300 857 536. Please follow the link which will answer any questions you have and if you are having difficulty, ask a family member or friend to help or ring the USI toll free number. Star Training staff are not able to assist you with creating a USI owing to the number of students we enrol and this is also a personal number that you will need for future study with us or other organisations.

--	--	--	--	--	--	--	--	--	--

**Enter your Unique Student Identifier (USI).** Please write legibly and there must be 10 digits.

---

**Language and cultural diversity**

7. In what country were you born? Australia  Other (please specify) \_\_\_\_\_
8. Do you speak a language other than English at home? (Tick if English only, if other please specify)  
No, English Only  Other (please specify) \_\_\_\_\_
9. Are you of Aboriginal or Torres Strait Islander origin? No  Yes, Aboriginal   
Yes, Torres Strait Islander

---

**Disability**

10. Do you consider yourself to have a disability, impairment, or long-term condition?  
Yes  No  - if no go to Question 12
11. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

Hearing/deaf	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Medical condition	
Learning	<input type="checkbox"/>	Other	
Mental illness	<input type="checkbox"/>		

---

**Schooling**

12. What is your highest COMPLETED school level? (Tick ONE box only)
- Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent   
Year 9 or equivalent  Year 8 or below  Never attended school
13. Are you still enrolled in secondary or senior secondary education? Yes  No

---

**Previous qualifications achieved**

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15 below?  
YES  NO
15. If YES, tick ANY applicable boxes.
- Bachelor's degree or higher degree  Advanced diploma or associate degree   
Diploma (or associate diploma)  Certificate IV (or advanced certificate/technician)   
Certificate III (or trade certificate)  Certificate II   
Certificate I  Other education (including certificates or overseas qualifications not listed above)

---

**Employment**

16. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)
- Full-time employee  Part-time employee   
Self-employed – not employing others  Self-employed – employing others   
Employed – unpaid worker in a family business  Unemployed – seeking full-time work   
Unemployed – seeking part-time work  Not employed – not seeking employment

---

**Study reason**

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)
- To get a job  To develop my existing business  To start my own business   
To try for a different career  To get a better job or promotion  It was a requirement of my job   
I wanted extra skills for my job  To get into another course of study   
For personal interest or self-development  Other reasons

## Course Details – tick the course you wish to study (one selection per enrolment form)

<input type="checkbox"/>	CPP20218 Certificate II in Security Operations (NSW Security Class 1AC)	<input type="checkbox"/>	CPP31318 Certificate III in Security Operations
<input type="checkbox"/>	RIISS00054 Work Zone Traffic Control Traffic Controller Skillset	<input type="checkbox"/>	CHC33015 Certificate III in Individual Support
<input type="checkbox"/>	RIISS00055 Work Zone Traffic Control Implement Traffic Control Guidance Plan Skill Set	<input type="checkbox"/>	CHC43115 Certificate IV in Disability
<input type="checkbox"/>	CPCWHS1001 Prepare to work safely in Construction	<input type="checkbox"/>	CPP40719 Certificate IV in Security Management
<input type="checkbox"/>	HLTAID009 Provide CPR	<input type="checkbox"/>	BSB41419 Certificate IV in Work Health and Safety
<input type="checkbox"/>	HLTAID011 Provide First Aid	<input type="checkbox"/>	BSB40520 Certificate IV in Leadership and Management
<input type="checkbox"/>	HLTAID012 Provide an Emergency First Aid Response in an Education and Care Setting	<input type="checkbox"/>	BSB50215 Diploma of Business
<input type="checkbox"/>	SITHFAB021 Responsible Service of Alcohol	<input type="checkbox"/>	BSB51319 Diploma of Work Health & Safety
<input type="checkbox"/>	SITHGAM022 Responsible Gambling Services	<input type="checkbox"/>	CHC50113 Diploma of Early Childhood Education and Care
<input type="checkbox"/>	FSK20113 Certificate II in Skills for Work and Vocational Pathways	<input type="checkbox"/>	CHC2015 Diploma of Community Services
<input type="checkbox"/>	BSB20115 Certificate II in Business	<input type="checkbox"/>	BSB60915 Advanced Diploma of Management (HR)

## STUDENT DECLARATION

- REFUND POLICY:** Please read the refund policy, including Consumer Protection, in the student handbook which is available at reception desk or at [www.startraining.edu.au](http://www.startraining.edu.au) prior to signing this form.
- IMPORTANT INFORMATION:** All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.
- PRIVACY STATEMENT:** The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to study, in compliance with mandatory record keeping and reporting requirements as an RTO. For our full Privacy Policy please visit the website at [www.startraining.edu.au](http://www.startraining.edu.au).
- MOBILE PHONES:** We adopt a no mobile phone policy during class time. Phones must be turned to silent and placed out of sight and are not to be accessed unless staff have been informed that an emergency or urgent situation requires the phone to be monitored. Students will receive one warning and then will be removed from class and forfeit any student fee already paid. Mobile phones affect other students' ability to learn and the trainer's ability to deliver the course content.
- STUDENT HANDBOOK:** I have read the student handbook and understand my rights and responsibilities in relation to assessment, student fees, student support, refund, and mobile phone use policy. By signing below, I am confirming that I understand these elements in full.

**I declare I have read and understand the Policies and Statements above and will abide by them:**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Students under 18 years of age, a Parent or Guardian must sign below to take responsibility for the enrolment.**

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





## Language, Literacy and Numeracy Core Skills Survey (Levels 1 and 2 General for Short Courses)

### Introduction

Thank you for choosing to study with Start Training Academy and we wish you well with your studies. So we can give you the best possible support and the maximum opportunity to succeed, we need to identify if there are any barriers you may have with Language, Literacy and Numeracy.

This survey will provide us with information we need to assist you if required. We do not share these results with other students and treat the results with confidence. If we feel there are any areas of concern we will discuss them with you and suggest options to help. Please approach our staff at any stage to discuss any concerns you may have.

Once this questionnaire is complete, it will be assessed by a Trainer/Assessor. If required the Trainer/Assessor may speak to you about any barriers identified and ask you some more questions. For some courses the result of this survey may mean that we cannot offer you training immediately but with some help we may be able to offer you training at a later date.

### Part 1: Fill out an information form

INFORMATION FORM	
<b>Personal details</b>	
Family name:	
Given name(s):	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Postcode:	
Date of birth:	__/__/----
Email address:	



Phone:	(H) (M)		
Language spoken at home:			
Highest level of education achieved:			
Occupation:			
Next of kin details:	Name: Address: Phone:		
Signature:	<table border="1" style="width: 100%;"><tr><td style="width: 60%;"></td><td style="width: 40%;">Date:</td></tr></table>		Date:
	Date:		

Why do you want to do this course? \_\_\_\_\_

## Part2: A self-reflection

Tell us about your skills.

I can ...	Yes	Sometimes	No
understand signs			
fill in a time sheet			
count and check change when shopping			
Send a text message			
use the internet to get information like telephone numbers			
fill in a leave form			
read a staff memo			
use a computer to email			
use a calculator for + – x ÷			
read a newspaper			



read a work roster			
follow instructions for mixing a solution or to follow a recipe			
read a Google map or street directory			
read and understand an MSDS			
use an equipment manual			
complete a log book			
write an incident report			

### Part 3: Read a calendar

#### December 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Use the above calendar for December 2013 to complete the following activities.

1. How many days are there in this month? \_\_\_\_\_
2. Follow these instructions to mark up the calendar:
  - a) Put a tick (✓) on the second day of the month
  - b) Put a cross (X) on the tenth day of the month
  - c) Put a circle (O) on the third Sunday of the month
  - d) You get paid every Friday. Write “pay day” on every Friday on the calendar.



- e) There is a staff meeting on the first Tuesday of the month. Write “staff meeting” on the correct day.
3. What day of the week is the sixth of December 2013? \_\_\_\_\_
4. What is the first month of the year? Circle your answer.  
June      January      March      July
5. What is the month before December? Circle your answer.  
September      April      November      August
6. You are finishing work four days before Christmas Day to start your holidays. Write “holidaysstart” on the correct day.
7. People who do celebrate Christmas do so on 25<sup>th</sup> December as Christmas Day. What day of the week is that in 2013? \_\_\_\_\_
8. You have a staff morning tea every second Monday of the month. The last morning tea was on the 9<sup>th</sup> of December 2013. Mark the next morning tea on the calendar.

## Part 4: Read Signs

1. Draw a line between the sign and its meaning. The first one has been done for you.



Toilets



No cars



Wheelchair



No smoking



No phones



Traffic lights



**(For training staff ONLY – LLN Assessment Summary)**

Use this section to record information about the LLN assessment and your judgement of the candidate’s skill levels. Include any notes that may be useful.

Candidate Name:

\_\_\_\_\_

Date assessed: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Capable to undertake training:      Yes       No  If no, decision conveyed to candidate  
and understood?                              Yes                               No

Recommendations for support (if any) and additional notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_