

(Office/Trainer Use Only)

Qualification Code Qualification Name

ABConsulting Client Number Trainee Registration Number

1. Name
 Mr/Ms/Mrs/Miss Other - Please Specify

Family name

Given Name/s

Preferred Name Male Female

8. Employment
 Which of the following best describes your current employment status?

Full time employee Employer

Self employed – not helping others Part-time employee

Employed – unpaid worker in a family business Not employed – not seeking employment

Unemployed – seeking full time work Unemployed - seeking part time work

2. Employer Details

Company Branch/Site

Workplace Supervisor Phone ()

Qualified person/s overseeing traineeship

Relevant Qualification held

Your Workplace Role

Work Address

Town State Postcode

Work 'Postal' Address

Town State Postcode

9. Language
 Do you speak a language OTHER THAN ENGLISH at home?
 Yes No

If 'YES' please specify the main language spoken at home

How well do you speak English?
 Very well Well Not Well Not very well

3. Date of Birth / /

10. Medical Condition/Disability
 Do you consider yourself to have a disability, impairment or long-term condition? Yes No

Hearing/Deaf Physical Intellectual

Learning Mental Illness Acquired Brain Impairment

Vision/Sight Medical Illness Other

4. Contact Details (PLEASE ENSURE BELOW DETAILS ARE CORRECT)

Home Phone () Work Phone ()

Work Fax () Mobile Phone

Email address

11. Prior education achievements
 Have you successfully completed any of the following qualifications? If Yes No
 'Y' Please attach evidence

If YES, then tick ANY that are applicable:-

Bach or higher degree Adv or Ass Diploma

Certificate IV Diploma

Certificate III Certificate I

Certificate II Miscellaneous Education

5. Address Details

Residential Address

Town State Postcode

Postal Address (if different)

Town State Postcode

12. Study Reason
 Which best describes your reason for undertaking this training program?

To get a job It was a requirement of my job

To develop my existing business I wanted extra skills for my job

To try for a different career To get into another course of study

To get a better job or promotion For personal interest

6. Place of Birth

Are you of Aboriginal or Torres Straight Islander Origin? Yes No

If YES: Are you Aboriginal? Yes Tick 'Yes' to both if applicable

Are you of Torres Straight Islander origin? Yes

Were you born in Australia? Yes No

If NO, in which country were you born?

7. Schooling

Are you still at school? Yes No

What is your highest completed school level?

Year 12 Year 11 Year 10 Year 9 or equivalent

Year 8 or below Did not go to school

In which year did you complete that school level?

Where was that completed?

13. Authorisation

I hereby authorise the disclosure of the above mentioned information to my State's/Territory's Training Authority and that all the information above is true and correct

Your Signature

Date / / 2007



Invoice Authorisation For Fee Payment (Please use block letters)

Fees will be invoiced to Employer/Company Student School Other Please Specify

Please complete and sign the details below

Details For Invoicing

Employer/Company/School/Other

Postal Address Suburb Postcode

Work Phone (.....) Work Fax (.....) Email

Signature Date / / 2007

Please circle preferred method for sending invoices Mail/Post Fax Email

Student/Trainee Name

Home Address Suburb Postcode

Postal Address if different above Suburb Postcode

Home Phone (.....) Mobile Email

Signature Date / / 2007

Please circle preferred method for sending invoices Mail/Post Fax Email

As a student/trainee I wish to apply for a concession using one of the following

I am under the age of 17 and yet to complete year 12

I am a school based trainee

I am of Aboriginal or Torres Straight Islander decent

DVA Pensioner Cardholder – Please complete the section below

DSS Healthcare/Pensioner Concession Cardholder or dependent - Please complete the section below

Do you authorise Alan Bartlett Consulting to confirm with Centrelink the details you have provided. The rights of this card can be removed if your situation changes.

Consent Granted No Yes (Please complete the following if you answered yes)

Card Type: HCC PCC Student card number

Signed by student cardholder Date / / 2007

Alan Bartlett Consulting Pty Ltd is collecting the information on this form to provide workplace training and vocational education, provide appropriate training resources, identify recipients of training qualifications, access public funding, and administering and managing our training services including charging, billing and collecting debts. We only disclose personal information to the relevant local, state or territory government as a requirement for accessing public funding. Your personal information will not be disclosed to any third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.