



# Enrolment Form

Spectrum Education and Training  
Level 1, 1100 Pascoe Vale Rd, Broadmeadows VIC 3047  
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## WHAT COURSE DO YOU WANT TO STUDY?

Course name: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you want to apply for *Recognition of Prior Learning (RPL)*  Yes  No

If yes, please contact SET to discuss and obtain the *Application for Recognition of Prior Learning*

RPL: Any employment, life experience and qualifications that relate to this course.

## YOUR DETAILS:

Title:  Mr  Mrs  Ms  Miss  Other Sex:  Male  Female

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

## EMERGENCY CONTACT: (close relative)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## SO WE CAN HELP YOU IN THE CLASSROOM

Country of birth: \_\_\_\_\_ I am an Australian citizen  No  Yes

What is your first language? \_\_\_\_\_ What other languages do you speak? \_\_\_\_\_

How well do you speak English?  Very well  Well  Not well  Not at all

Are you:  Aboriginal  Torres Strait Islander  Neither

Do you have a disability, impairment or long-term condition?  No  Yes, please specify.

## ARE YOU CURRENTLY WORKING: No Yes

Employment status:  Full Time  Part Time  Casual  Self employed

Employer name: \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Start date: \_\_\_\_\_

## HOW DID YOU HEAR OF SET?

Name of organisation that told you: Spectrum Other: \_\_\_\_\_ Location: \_\_\_\_\_

Employment consultant / Case worker Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Centrelink details: JSID: \_\_\_\_\_ CRN: \_\_\_\_\_

(Complete if known) DSP No: \_\_\_\_\_ PSP: \_\_\_\_\_

**EDUCATION DETAILS:**

What year level did you finish at school?

Year 8       Year 9       Year 10       Year 11       Year 12       Did not attend school

In which year did you finish your schooling? \_\_\_\_\_

Where did you finish your schooling? \_\_\_\_\_

**FURTHER EDUCATION & QUALIFICATIONS:**

Are you studying now:  No  Yes, what are you studying: \_\_\_\_\_

Do you have any other qualifications? \_\_\_\_\_

No       Yes, which one(s):

Advanced Diploma/Associate Degree Level

Certificate IV

Certificate I

Bachelor/Higher Degree Level

Certificate III/Trade Certificate

Diploma Level

Certificate II

| Year Completed | Title |
|----------------|-------|
|                |       |
|                |       |

**WHAT IS YOUR MAIN REASON FOR STUDYING?**

Personal interest/development

For better employment opportunities

To start my own business/develop existing business

To get more skills for my current job

**DID YOU GET HELP WITH THIS FORM?**

I filled this form: \_\_\_\_\_

Without help

With help

**ACKNOWLEDGE OF TERMS & CONDITIONS:**

This is to confirm that I, \_\_\_\_\_ (print name)

have received a copy of the SET Code of Conduct. I understand the terms and conditions of my training as stated within this document. I agree to abide by these terms and conditions.

Student signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

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

**Privacy Note:** SET acknowledges and respects the privacy of individuals. We will not give the information provided by you on this form to others except to educational institutions, employers, to government bodies, as required or authorized by law or in accordance with our Privacy Policy, which is available on our website or on request. You can get access to your personal information by contacting SET.

**WHAT NEXT?**

Please send the completed form to:

Administration and Student Liaison Officer  
Level 1/1100 Pascoe Vale Rd  
Broadmeadows VIC 3047

Fax: 0393024048

Office use only