

Enrolment Form

Contact Details								
Name								
Residential Address								
Postal Address								
Telephone (work)				(home/mobile)				
Email address								
Place of birth								
Gender (please tick)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of birth			
Are you an Indigenous Australian or Torres Strait Islander? (Please tick)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the main language spoken at home?								
Highest Level of Education								
School Level completed			School					
Are you still attending school?			Year Comp					
Have you completed any other qualifications since completing school? Please list details.								
Do you have any disabilities, impairments or learning barriers that we need to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes please explain								
Next of Kin Name								
Telephone				Relationship				
Course Details								
Course code				Start date				
Course name								
Delivery Method	Face to face	<input type="checkbox"/>	Mixed mode	<input type="checkbox"/>	Correspondence	<input type="checkbox"/>		
Where did you hear about this course?								
Who is the person responsible for the payment of Course Fees? (Tick the relevant box and complete the appropriate Course Fee Agreement)								
Employer			<input type="checkbox"/>	Individual Participant			<input type="checkbox"/>	
Recognition of prior learning I am applying for Recognition of prior learning (RPL) towards this qualification.			Yes	<input type="checkbox"/>	Full Course			<input type="checkbox"/>
			No	<input type="checkbox"/>	Some Units			<input type="checkbox"/>
Declaration								
<ul style="list-style-type: none"> I have received the participant handbook and agree to the conditions. I agree to abide by all regulations of Jigsaw Training Academy and associated partners. I understand my enrolment is accepted under the conditions of payment as set out in the service agreement and all information supplied by me is true and correct. 								

Signature of applicant: _____ **Date:** _____

Signature of parent/guardian: _____ Date: _____ (If under 18 years)