



OFFICE USE ONLY		CERT #		CERT #
HLTAID001 – PROVIDE CPR			22099VIC – ANAPHYLAXIS MANAGEMENT	
HLTAID003 – PROVIDE FIRST AID			22282VIC – ASTHMA MANAGEMENT	
HLTAID004 – CHILDCARE FIRST AID			ENTERED: DD / MM / YY	ENTERED BY:

PARTICIPANT DETAILS										
USI	UNIQUE STUDENT IDENTIFIER									For all courses conducted after <b>1<sup>st</sup> Jan 2015</b> , you must supply a USI or your certificate cannot be issued.  Don't have a USI? It is a government requirement, apply for one now at <a href="http://www.usi.gov.au">www.usi.gov.au</a>

The personal information requested in this form is part of Australian Government Regulatory reporting requirements for statistical purposes and is not given or sold to any other 3<sup>rd</sup> parties. Please fill out ALL areas of this form, failure to do so make this enrolment invalid.

Please <b>PRINT clearly and neatly.</b> Your full legal name exactly as it appears on your identity documents.										SALUTATION (PLEASE CIRCLE) MR MRS MS MISS DR REV HON										
FAMILY NAME <small>(surname/last)</small>																				
GIVEN NAME <small>(First)</small>																				
MIDDLE NAME																				
DATE OF BIRTH	DD	MMM	YYYY	SEX: (PLEASE TICK 1 ONLY)	FEMALE	<input type="checkbox"/>	MALE	<input type="checkbox"/>												
CONTACT DETAILS																				
MOBILE										HOME										
EMAIL																				
RESIDENTIAL ADDRESS																				
BUILDING/PROPERTY NAME																				
FLAT/UNIT NUMBER										STREET NUMBER										
STREET NAME																				
SUBURB																				
STATE										POST CODE										
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)																				
BUILDING/PROPERTY NAME																				
FLAT/UNIT NUMBER										STREET NUMBER										
STREET NAME																				
SUBURB																				
STATE										POST CODE										



PARTICIPANT DETAILS continued			
Please <b>PRINT clearly and neatly</b> and tick the option that best describes your situation.			
LANGUAGE & CULTURAL DIVERSITY	In which country were you born?	AUSTRALIA <input type="checkbox"/>	OTHER <input type="checkbox"/> Please specify:
	Do you speak a language other than English at home?	NO, English only <input type="checkbox"/>	YES, other <input type="checkbox"/> Please specify:
	How well do you speak English?	Very well <input type="checkbox"/>	Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
	Are you of Aboriginal or Torres Strait Islander origin? Tick both boxes if Aboriginal & Torres Strait origin.	NO <input type="checkbox"/>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
DISABILITY	Do you consider yourself to have a disability, impairment or long-term condition? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	If YES, please indicate which of the following apply. You may select more than one. Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other <input type="checkbox"/>		
	If you require assistance, please give details:		
EDUCATION	What is your highest COMPLETED school level?		
	Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school <input type="checkbox"/>		
	In which year did you complete that school level?	YYYY	Are you still attending secondary school? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Have you successfully completed any of the following qualifications?		
Bachelor degree or higher <input type="checkbox"/> Advanced diploma/associate degree <input type="checkbox"/> Diploma or associate diploma <input type="checkbox"/> Certificate IV (advanced cert/technician) <input type="checkbox"/> Certificate III (or trade cert) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other <input type="checkbox"/>			
STUDY REASON	Which BEST describes your main reason for taking this course?		
	To get a job <input type="checkbox"/> To develop existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons <input type="checkbox"/>		
EMPLOYMENT	Which BEST describes your current employment status?		
	Full time employee <input type="checkbox"/> Employed – unpaid family worker <input type="checkbox"/> Part time employee <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Employer <input type="checkbox"/> Not employed – not seeking work <input type="checkbox"/>		
	BUSINESS NAME		
	ADDRESS		
	INDUSTRY		
How did you hear about us?			
Internet <input type="checkbox"/> Flyer/brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Referred by: _____ Promotional campaign <input type="checkbox"/>			

**DECLARATION – Participant must sign and date**

By signing this form, I am declaring that:

1. I have read and accepted the Terms & Conditions as described in the Participant Handbook.
2. The information provided in this form is true and correct.
3. If I completed pre-course study, the work is my own and completed by myself.
4. I understand that a certificate cannot be issued to me without a USI number.

Signature: participant signature	Date: DD / MM / YYYY
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