|  |  |  |
| --- | --- | --- |
| CLD Admin Only | STELLA SSID | Parchment Number |
|  |  |
|  |
| Course Code | Course Title | Course Start Date |
| 1 | Choose an item. | Click or tap to enter a date. |
| 2 | Choose an item. | Click or tap to enter a date. |
| 3 | Choose an item. | Click or tap to enter a date. |
| 4 |  |  |

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| Applicant Details |
| Surname | First Name  | Middle Name | Mr | Mrs | Ms | Miss |
|  |  |[ ] [ ] [ ] [ ]
| Phone Number | Contact email | DOB |
|  |  |  |  |  |  |  |  |  |  |  |  / / |
| Place of Birth |  | Sex | M [ ]  F [ ]  Other [ ]  |
| Address | Street Number and Name | Town | State | Post Code |
|  |  |  |  |
| Postal Address | PO Box | Town | State | Post Code |
|  |  |  |  |
| Emergency Contact Details |
| Name | Relationship | Phone  |
|  |  |  |
| Registration ID Requirements |
| USI | Driver Licence Photo ID | CITB Funding if applying for |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Employment Details | What is your reason for doing the training |
| Fulltime |  [ ]  | To get a job |[ ]
| Part Time |[ ]  It is a job requirement |[ ]
| Self Employed |[ ]  To gain extra skills for my job |[ ]
| Employer |[ ]  To improve my skills |[ ]
| Employed- unpaid worker family business |[ ]  For better job/promotion |[ ]
| Unemployed-seeking full or part time work |[ ]  To try for a different career |[ ]
| Not employed-not seeking work |[ ]  Start my own business |[ ]
| Employer Name |  | Increase my confidence |[ ]
| Location |  | Pathway to another course |[ ]
| Contact Name |  | Gain Skills for voluntary work |[ ]
|  |
| Education Level Achieved | Qualification Held |
| Year 7 or lower |[ ]  Certificate 1 Entry Level |[ ]
| Year 8 achieved |[ ]  Certificate 2 Core skills |[ ]
| Year 9 achieved |[ ]  Certificate 3 Trade level |[ ]
| Year 10 achieved |[ ]  Certificate 4 Technician |[ ]
| Year 11 achieved |[ ]  Diploma or Associate Diploma |[ ]
| Year 12 achieved |[ ]  Bachelor or Hight Degree |[ ]
| Year Completed  |[ ]  Certificate other than above |[ ]
| Are you still at school |[ ]   |

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| --- | --- |
| Language & Cultural Diversity | Declared Disability  |
| Were you born in Australia | Yes [ ]  | Do you consider yourself to have a disability | Yes [ ]  |
| Are you of Aboriginal/Torres Strait Islander Origin | Yes [ ]  | Vision | Yes [ ]  |
| Do you speak a language other than English | Yes [ ]  | Hearing/Deaf | Yes [ ]  |
| If yes language spoken list |  | Physical | Yes [ ]  |
|  | Learning | Yes [ ]  |
|  | Intellectual | Yes [ ]  |
| How well do you speak English? | Mental | Yes [ ]  |
| Very Well | Not Well | Not at All | Medical | Yes [ ]  |
| Yes [ ]  | Yes [ ]  | Yes [ ]  | Acquired Brain Impairment | Yes [ ]  |

ASQA require you to assess your ability to achieve a level of workplace Reading, Writing and Numeracy as part of your course application Read the information for each category and indicate from 1 to 9 your current ability. Some course objectives will improve your level as part of the core skills development.

|  |  |  |  |
| --- | --- | --- | --- |
| LLN Self-Assessment | Level 1 | Level 3 | Level 5 |
| Reading*Indicate what level of reading you do in the workplace?* | **Identifies personally relevant information and ideas from texts on highly familiar topics, reads newspaper**.*Recognises a number of high frequency words/basic sight words and common phrases*, | Evaluates and integrates information and ideas to construct meaning from a range of familiar, and some unfamiliar, texts and text types. Reads *and interprets diagrammatic/graphic texts, e.g., a flow chart to describe a familiar workplace operation or dials and warning symbols on a heavy vehicle dashboard* | Organises, evaluates and critiques ideas and information from a range of complex texts,Reads *a detailed manual for a complex new machine and highlights key information to be included in an operator manual* |
| *Capability Level* | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  | 6[ ]  | 7[ ]  | 8[ ]  | 9[ ]  |
| Writing*Indicate what level of writing you do in the workplace*. | Conveys a simple idea, opinion, factual information or message in writing.Fills *in details on a simple form, e.g., an application for leave, a payroll authority or a quality log form* | **Communicates relationships between ideas and information in a style appropriate to audience and purpose.**Writes *clear sequenced instructions for using routine/everyday technology, e.g., office equipment or machinery* | **Generates complex written texts, demonstrating control over a broad range of writing styles and purposes**Writes *a risk management plan for a particular workplace, identifying possible risks and treatments* |
| *Capability Level* | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  | 6[ ]  | 7[ ]  | 8[ ]  | 9[ ]  |
| Numeracy*Indicate the level of numeracy skills you do in the workplace*. | **Locates and recognises key mathematical information in simple activities or texts**Uses *a calculator to add whole numbers of stock of familiar items in a workplace store* | **Selects and interprets mathematical information that may be partly embedded in a range of familiar, and some less familiar, tasks and texts**Uses r*ate of application to work out the quantities required for a routine task, e.g., to paint a room or calculate the amount of pesticide required* | **Analyses and synthesises highly embedded mathematical information in a broad range of tasks and texts***Designs a product using geometry and trigonometry or a Computer Assisted Drawing (CAD) software package (e.g., a tool or a part) according to client specifications* |
| *Capability Level* | 1[ ]  | 2[ ]  | 3[x]  | 4[ ]  | 5[ ]  | 6[ ]  | 7[ ]  | 8[ ]  | 9[ ]  |

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| Please indicate how you found out about the course |
| Newspaper  | **Media** | **Digital** | **Networking** |
| [ ] Courier | [ ] Power FM | [ ] CLD Web | [ ] Facebook |
| [ ] Hills Herald | [ ] 5MU | [ ] DIT Web | [ ] Friend |
| [ ] Community Director | [ ] Television | [ ] CITB Web | [ ] Employer |
| [ ] Other | [ ] Other | [ ] Other | [ ] Job Provider |
|  Student terms and condition ACCEPTANCE |
| Photo declared use |
| Do you approve for your photo to be taken for identification purposes, I understand that a photo will be taken as required for High-Risk License and or White Card?? | [ ] Yes | [ ] No |
| Do you approve of your photo or comments being used for advertising purposes on Facebook or CLD Web? | [ ] Yes | [ ] No |
| Student Handbook and Course Cancelation Declaration |
| I have access to CLD’s student handbook on the www: carlislelearning.com.au web site for student policies and procedures. I understand that a course cancellation fee of 20% up to $100 will be held by CLD if you not notified of withdrawal 5 days prior to course start date | [ ] Yes | [ ] No |
| Language, Literacy and Numeracy |
| Do you consider that you have adequate language, literacy and numeracy skills to undertake the course? | [ ] Yes | [ ] No |
| If no what LLN support is requested  |
| Student Assessment Obligation |
| I understand that the assessor will make the decision, at their discretion, when to conduct formal assessment of your skills & knowledge. If you believe that you are NOT ready to be formally assessed at that time, it is your responsibility to discuss other possible options with your assessor. Additional training may be required, at the cost of the student | [ ] Yes | [ ] No |
| Mandatory disclosure of information |
| By signing this enrolment, I approve that the information on this form will be for the purpose of auditing participation, the monitoring and reporting of training outcomes. CLD will provide information supplied by you to these two departments the National Centre for Vocational Education Research (NCVER) and the Department of State Development (DSD) for the above purposes. I approve for the department to contact me as a student to evaluate CLD performance to the Standard of Registration of the RTO Please contact Carlisle Learning and Development P/L to request information at any time. |
| All details provided are true and correct & I understand and accept all details entailed in this form. I understand that the course date will be confirm by email or SMS on your acceptance into the course. Agree that all information related to enrolments be provided to parent/guardian where students are under 18 years old. |
| Applicant Signature |  | Date | Click or tap to enter a date. |
| GUARDIAN / NEXT OF KIN - If under 18 years of age or if you have a guardian, please complete the details |
| Print Name |  | Phone |  |
| Address |  | Town |  |
| Post Code |  | Signature |  | Date | Click or tap to enter a date. |

**Ph 08 83985468 or**

Email admin@carlislelearning.com.au

**Return post enrolment form to:**

**The Carlisle Learning, 20 Oborn Road, Mount Barker SA 5251**