

# Interlink Training Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY IN BLOCK LETTERS

Course Details					
Course Name				Start Date	
Location	Forrestdale	Loganholme	Knoxfield	Other (please specify):	

Personal/Contact Details					
Title	Surname			Preferred Name	
First Given Name				Additional Given	
Gender	Male	Female	Other	Date of Birth	
Mobile Phone			Work Phone		Home Phone
Email Address					
Photo Identification	<i>Photo identification must be provided for all HRW or funded courses.</i>				
	Type	Please tick to indicate a copy is attached			
<i>What is your usual residential address? (Must be a physical address – cannot be a PO Box)</i>					
Address					
Suburb/City			State		Post Code
<i>What is your postal address? (Only complete if different from residential address above)</i>					
Address					
Suburb/City			State		Post Code

Employment Details			
Job Role			Employment Start Date
Employer			Telephone
Contact Person/Supervisor			
Employer Address			
Suburb/City	State		Post Code

Emergency Contact Details			
Contact Name			Mobile Number
Relationship			Other Phone

Unique Student Identifier			
<i>All participants undertaking nationally recognised training must provide a Unique Student Identifier (USI) or certification cannot be issued</i>			
USI			
<i>If you do not have a USI, visit <a href="http://www.usi.gov.au">www.usi.gov.au</a> to apply for your USI.</i>			

Queensland Unique Learner Identifier Number			
LUI			
<i>For more information visit <a href="http://www.qcca.qld.edu.au">www.qcca.qld.edu.au</a></i>			

Cultural Diversity			
In which country were you born?	Australia	Other (please specify):	
Are you of Aboriginal or Torres Strait Islander Origin?	No	Yes, Aboriginal	Yes, Torres Strait Islander
<i>For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes</i>			

Employment			
Of the following categories, which best describes your current employment status?			
Full-time employee	Employed – unpaid worker in a family business		
Part-time employee	Unemployed – seeking full-time work		
Self-employed – not employing others	Unemployed – seeking part-time work		
Self-employed – employing others	Not employed – not seeking employment		

# Interlink Training Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY IN BLOCK LETTERS

## Employment (continued)

Which of the following classifications best describes your current or recent occupation?

Manager	Community and Personal Service Worker	Machinery Operators and Driver
Professional	Clerical and Administrative Worker	Labourer
Technicians and Trade Workers	Sales Worker	Other

Which of the following classifications best describes the industry of your current or previous employer?

Agriculture, Forestry and Fishing	Information Media and Telecommunications	Construction
Accommodation and Food Services	Professional, Scientific and Technical Services	Wholesale Trade
Transport, Postal and Warehousing	Electricity, Gas, Water and Waste Services	Retail Trade
Financial and Insurance Services	Health Care and Social Assistance	Manufacturing
Rental, Hiring and Real Estate Services	Arts and Recreation Services	Mining
Administrative and Support Services	Public Administration and Safety	Other Services
Education and Training		

## Language

Do you speak a language other than English at home?  No, English Only  Yes (please specify):

## Schooling

Are you still enrolled in secondary or senior secondary education?  Yes  No

What is your highest completed school level?

Completed Year 12	Completed Year 11	Completed Year 10
Completed Year 9 or Equivalent	Completed Year 8 or Lower	Never Attended School

## Disability

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If yes, please indicate the area(s) of disability, impairment or long-term condition below (tick all that apply).

Hearing/Deaf	Learning	Vision
Physical	Mental Illness	Medical Condition
Intellectual	Acquired Brain Impairment	Other

## Qualifications

Have you successfully completed any of the following qualifications?  Yes  No

If yes, please indicate which qualification which level and if they are Australian (A), Australian Equivalent (E) or International (I).

A	E	I	A	E	I
Bachelor Degree or Higher Degree			Certificate III (or Trade Certificate)		
Advanced Diploma or Associate Degree			Certificate II		
Diploma or Associate Diploma			Certificate I		
Certificate IV or Advanced Certificate/Technician			Certificate other than the above		

## Study Reason

Of the following, which best describes your main reason for undertaking this course/training/apprenticeship?

To get a job	For personal interest or self-development	To get a better job or promotion
To develop my existing business	It was a requirement for my job	I wanted extra skills for my job
To start my own business	To get skills for community/voluntary work	Other reasons
To try for a different career	To get into another program of study	

# Interlink Training Enrolment Form

PLEASE FILL IN ALL SECTIONS CLEARLY IN BLOCK LETTERS

## Data Collection and Dissemination

Interlink Training as a Registered Training Organisation (TOID 21055) is required to provide some government agencies with information regarding training that has been undertaken for the purpose of statistical data collection.

In the collection, handling and storage of personal information, Interlink Training complies with the requirements of the Privacy Act 1988, the Privacy Amendment (Enhancing Privacy Protection) Act 2012, and the Australian Privacy Principles

Interlink Training may on occasions for compliance purposes, record video footage of course participants whilst they are undertaking training and/or formal assessments. The video footage will not be used for any purpose other than demonstrating competency and/or for compliance purposes, unless prior authorisation has been obtained in writing from the individual course participant.

## Declaration

- I understand that Interlink Training will not disclose the information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies/agencies, as required or authorised by law or in accordance with the Interlink Privacy Policy;
- I understand that I may be contacted by the National Centre for Vocational Education Research (NCVER) to participate in a survey to provide feedback on the delivery of your VET program;
- I authorise Interlink Training to provide my employer, and/or any authorised third party they may be contracting to, with my training results and a copy of my certificate or statement of attainment;
- I give consent to the Interlink Training trainer/assessor to take photographic and/or video records of my training and/or practical assessment where it is deemed a compliance requirement;
- I have been made aware of the [Interlink Training Participant Handbook](#) which contains important information such as:
  - Privacy and Personal Information Policy
  - Interlink Fee and Refund Policy
  - Complaints and Appeal Procedure
  - Credit Transfer & Recognition of Prior Learning Policy
  - Code of Conduct
- I authorise Interlink Training to verify a USI supplied by me and view my training records and results on the USI website;
- I authorise Interlink Training to search for my USI on the USI website, if I am unable to supply my USI number;
- I understand that if my USI cannot be verified, no certification documents can be issued;
- I understand that where a payment is outstanding, no certification documents will be issued until payment is made or as required by a state or territory department;
- I understand that, when directed by the National Regulator, the Australian Skills Quality Authority (ASQA), Interlink Training will be required to cancel or withdraw and Qualification or Statement of Attainment it has issued. Should the Regulator (ASQA) decide to take this course of action, you will be notified in writing of their intention to do so. Course participants will then have the opportunity to respond in writing to ASQA prior to the decision to cancel a Qualification or Statement of Attainment is implemented;
- I understand, from time to time, Interlink Training may contact me to advise of upcoming courses (if you do not want to be contacted, please advise our administration team);
- I understand and accept that the submission of this enrolment form will not guarantee my position into a specific training course;
- I agree to abide by any reasonable directive and decisions made by Interlink Training;
- I declare that the information I have provided is true and correct.

I (Print Name) \_\_\_\_\_, have read and understood this declaration.

Signature: \_\_\_\_\_

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

*Parent/Guardian/Caregiver must sign if participant is under the age of 18 years at enrolment.*

Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian/Caregiver Name: \_\_\_\_\_

Interlink Training Enrolment Form v24.1	Approved by Compliance Manager August 2024	Doc ID 369473 Next review August 2025	Page 3 of 3
This file is uncontrolled when printed and cannot be reproduced or varied without written approval from Interlink Training.			