

# 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	Photo identification <u>must</u> be provided for all HRW or funded courses.		
Type	Please tick to indicate a copy is attached		
What is your usual residential address? (Must be a physical address – cannot be a PO Box)			
Address			
Suburb/City	State	Post Code	
What is your postal address? (Only complete if different from residential address above)			
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	
All participants undertaking nationally recognised training must provide a Unique Student Identifier (USI) or certification cannot be issued	
USI	
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.	

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

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
For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes			

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

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Employment (continued)		
Which of the following classifications best describes your current or recent occupation?		
Manager Professional Technicians and Trade Workers	Community and Personal Service Worker Clerical and Administrative Worker Sales Worker	Machinery Operators and Driver Labourer Other
Which of the following classifications best describes the industry of your current or previous employer?		
Agriculture, Forestry and Fishing Accommodation and Food Services Transport, Postal and Warehousing Financial and Insurance Services Rental, Hiring and Real Estate Services Administrative and Support Services Education and Training	Information Media and Telecommunications Professional, Scientific and Technical Services Electricity, Gas, Water and Waste Services Health Care and Social Assistance Arts and Recreation Services Public Administration and Safety	Construction Wholesale Trade Retail Trade Manufacturing Mining Other Services

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 9 or Equivalent	Completed Year 11 Completed Year 8 or Lower	Completed Year 10 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 Physical Intellectual	Learning Mental Illness Acquired Brain Impairment	Vision Medical Condition 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/traineeship/apprenticeship?		
To get a job To develop my existing business To start my own business To try for a different career	For personal interest or self-development It was a requirement for my job To get skills for community/voluntary work To get into another program of study	To get a better job or promotion I wanted extra skills for my job Other reasons

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## 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: \_\_\_\_\_

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