



Enrolment Form - Work Skills Voucher

Please complete the details on this enrolment form.

This information will be used to assist in the enrolment in the Work Skills Voucher qualification you are seeking. Some of the information contained herein will be keyed into a national database and used for statistical purposes only. Please ask your training representative for assistance to fill out this form, if you require help.

Course Details

1. Name of the Work Skills Voucher/Qualification you are enrolling
 Certificate II Retail Operations
 Certificate II in Transport & Distribution (Road Transport)
 Certificate II in Transport & Distribution (Warehousing & Storage)
 Certificate II in Transport & Distribution (Administration)
2. Is this your first Work Skills Voucher/Traineeship training program? YES / NO

Personal Details

3. Given Name(s): _____ Last Name: _____
4. Date of Birth: ____/____/____
5. Gender: MALE / FEMALE
6. Street Address

Suburb: _____ State: _____ Post Code: _____
Postal Address (if different from above):

Suburb: _____ State: _____ Post Code: _____
7. Contact Number(s)
Home: _____ Work: _____ Mobile: _____
E-mail: _____
8. Do you have a permanent disability? YES / NO
(If YES, please tick the box below which best describes your condition).

Visual/sight	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Chronic illness	<input type="checkbox"/>
Physical injury	<input type="checkbox"/>	Other	<input type="checkbox"/>



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Eligibility Details

9. Were you born in Australia: YES / NO

If not Australia, which country were you born in? _____

What language is spoken mainly at home? _____

10. Are you an Aboriginal or Torres Strait Islander: YES / NO

11. Please tick the box that best describes your highest level of education

Year 12 (FORM 6)

Year 11 (FORM 5)

Year 10 (FORM 4)

Year 9 (FORM 3)

or lower

What year did you complete this school level? 19.....

12. Are you still attending secondary school? YES / NO

13. Have you **completed** any qualification/s in **Australia** since leaving school? YES / NO

If yes, please tick the box which best describes your qualification/s

Trade Certificate Advanced Technician Certificate

Certificate I Certificate II

Certificate III Associate Diploma

Undergraduate Diploma Degree or Post Graduate Diploma

In what field was this qualification obtained: _____

What Year did you complete last Qualification:

15. Which situation listed below best describes your current position?

Employed full - time Employer:.....

Employed part - time

Employed casual

Self employed (not employing others)

An employer

Employed (as an unpaid family worker)

Unemployed and receiving Income Support

Unemployed and actively seeking work

Not employed - not seeking employment



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Participant Declaration

I, _____ have received information from Ozetraining Pty Ltd about the Work Skills Vouchers programme, outlining the courses available to me, the delivery modes and costs involved.

I understand that a voucher may not be available to me at the time of application and that Ozetraining will assist me to find alternative training or advise me of when more vouchers become available.

I have read and understood the Privacy Notice and have kept a copy.

I understand that if a Work Skills Voucher is issued to me, I will receive this voucher in the mail and will present this to Ozetraining on commencement of my training as payment for the course/qualification being undertaken.

If I am not happy with the quality of service or training received, I can lodge a complaint with Ozetraining Pty Ltd. I understand that if I wish to take this further, Ozetraining will direct me to the relevant authority.

Trainee Declaration:

Trainee Name: _____

Signed: _____

Date: _____