**STUDENT ENROLMENT APPLICATION**

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| 1. **STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss | | | * Male | | | * Female | | | | | * Other | | | | | | Date of Birth | | | | | | / / | | |
| Surname: | |  | | | | | | Given Names: | | | | | |  | | | | | | | | | | | |
| Home Phone: | |  | | | | | | | | | Mobile: | | |  | | | | | | | | | | | |
| Residential Address: | |  | | | | | | | | | Suburb | | |  | | | | | | Postcode: | | | | |  |
| Postal Address: | |  | | | | | | | | | Suburb | | |  | | | | | | Postcode: | | | | |  |
| Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred method of contact: | | | | * Email | | | | | | | * Phone | | | | | | | | * SMS | | | | | | |
| 1. **TRAINING PROGRAM DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Code: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Program Name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | | / / | | | End Date: | | / / | | | | | | | | Delivery Mode: | | | | | * Classroom * Work Based | | | | | |
| 1. **UNIQUE STUDENT IDENTIFIER (USI)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| USI No: | | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (10 digits in total) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CULTURAL DIVERSITY AND CITIZENSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander Origin? | | | | | * No | | * Yes - Aboriginal | | | | | | | | | | * Yes – Torres Strait Islander | | | | | | | | |
| Are you and Australian or New Zealand Citizen? | | | | | * Yes | | * No | | | | | If no what country were you born in?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 1. **EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Full Time employee * Part time employee * Self-employed (not employing others) * Employer | | | | | | | | | * Employed – unpaid worker in family business * Unemployed seeking full time work * Unemployed seeking part time work * Unemployed not seeking employment | | | | | | | | | | | | | | | | |
| 1. **LANGUAGE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you speak a language other than English at home? | | | | | * No – English only | | | | | | | | * Yes | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| If yes, how well do you speak English? | | | | | * Very well | | | | | * Well | | | | | | * Not well | | | | | | * Not at all | | | |
| 1. **DISABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability? | | | | | * Yes | | * No | | | | | | | | | | | | | | | | | | |
| Please state your disability, impairment, or injury. | | | | | * Hearing * Learning | | | | | | | * Intellectual * Mental Illness | | | | | | | | | * Physical * Acquired | | | | |
| 1. **PRIOR EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your highest level of school completed? | | | | | | | | | * Year 9 or lower * Year 10 | | | | | | | | | | | | * Year 11 * Year 12 | | | | |
| In which year did you complete school? | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Have you successfully completed any of the following qualifications? | | | | | | | | | | | | | | | | | | | * Yes | | | | * No | | |
| * Bachelor Degree or Higher Degree * Advanced Diploma or Associate Degree * Diploma or Associate Diploma * Certificate IV or Advance Certificate | | | | | | | | | * Certificate III or Trade Certificate * Certificate II * Certificate I * Certificates - other | | | | | | | | | | | | | | | | |
| Do you wish to apply for Recognition of Prior Learning or Credit Transfer? | | | | | | | | | | | | | | | | | | | * Yes | | | | | * No | |
| Do you consider that you have the literacy and numeracy skills to undertake the course? | | | | | | | | | | | | | | | | | | | * Yes | | | | | * No | |
| If you have ticked yes please proceed to section 10. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CORE SKILLS ASSESSMENT (INITIAL)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reading**  ACSF  3.03 | 1. Read the paragraph below and answer the questions that follow.   In warehouses and freight terminals across NSW, forklifts are used to lift, stack and transfer loads. WorkSafe NSW has a zero-tolerance approach to the unsafe use of forklifts, considered one of the most dangerous pieces of equipment found at NSW workplaces. To be effective, a forklift must be manoeuvrable. To achieve manoeuvrability, forklifts are designed to be compact, making them less stable than other vehicles and mobile plant. Forklifts have a range of limitations, from maximum load weight to speed. These factors affect the operator and the forklift itself. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Writing**  ACSF  2.06 | 1. Answer the following questions in your own words. 2. Why does WorkSafe NSW have a zero-tolerance approach to the unsafe use of forklifts?          1. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these? | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numeracy**  ACSF  a. 2.09  b. 3.03 | 1. The table below shows the minimum braking distance for common forklifts.   Use the information in the table to provide estimated answers to the following questions.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Reaction distance and total stopping distance | | | | | | | Speed (km/h) | 6 | 12 | 16 | 18 | 20 | | Distance travelled while driver reacts and applies brakes (m) | 2.5 | 5 | 6.7 | 7.5 | 8.3 | | Maximum stopping distance (m) | 2.9-3.2 | 7-8 | 9.5-12 | 11-14 | 13-16.5 |  1. What is the maximum stopping distance if the forklift is travelling at 20 km/h?      1. Even at 6km/h, a forklift driver will take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ metres to react and apply the brakes. He will need at least \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ metres to stop. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome** | For RTO use only: Is support required?  **No / Yes** | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **REASON FOR STUDY** | | | | | | | | | | | | |
| * To get a job or better job * To develop my existing business * To start my own business * I want extra skills for my job | | | | * It was a requirement of my job * To try for a different career * For personal interest or self-development * Other | | | | | | | | |
| 1. **EMERGENCY CONTACT** | | | | | | | | | | | | |
| Name: | |  | | | Relationship: | |  | | | | | |
| Home Phone: | |  | | | Mobile: | |  | | | | | |
| 1. **MARKETING AND IMAGES** | | | | | | | | | | | | |
| How did you hear about us? | | | * Existing Client * Internet | | * Consultant * Employer | | | | | * Other | | |
| During training, photos or footage may be taken of you. Do you give BLP Training & Services permission to use these photos or footage for such things as improving training resources, promotional documents, and reports? | | | | | | | | * Yes | | | * No | |
| 1. **STUDENT DECLARATION** | | | | | | | | | | | |
| By signing this form, I certify that the information provided is true and correct. I further certify that:   * BLP Training & Services Pty Ltd abides by the Freedom of Information and Privacy Act. The information collected in this application: (i) is for the purposes of registration, program monitoring and evaluation, (ii) may be disclosed to your employer, and (iii) will be used by ASQA for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of the information for these purposes. * I have received a copy of the pre-enrolment information and a copy/access of Student Handbook and understand the information provided and I am aware of my rights and responsibilities. Language, literacy and numeracy support, the appeals process, refunds, Recognition of Prior Learning (RPL) and obligation to recognise qualifications and statements of attainment issued by any other RTO’s were explained to me. * I acknowledge that the BLP Training & Services Pty Ltd course may involve practical work within conditions that may be stressful. I do not suffer from any disorders or conditions that may inhibit my participation during the conduct of this course. I further acknowledge that in admitting me to the course, BLP Training & Services Pty Ltd does not assess my physical or mental condition or preparedness for the course but relies on this certification. * I hereby give my permission to BLP Training & Services Pty Ltd to release information about my training to my employer if the course is funded by the employer for employment related activities. I understand that in that circumstance BLP Training & Services Pty Ltd will email a copy of my Statement of Attainment/Certificate to the company. * By signing this enrolment form I acknowledge that I have read and agreed to the terms and conditions outlined in the Student Handbook. | | | | | | | | | | | |
| Signature: |  | | | | | Date: | | | / / | | |
| **RTO use only:**  Is learner support indicated? **No / Yes** Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details entered into system? **No / Yes**  USI verified? **No / Yes**  Training scheduled to commence on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | |
| Signature: |  | | | | | Date: | | | / / | | |