



**Quantum Training Services Pty Ltd (QTS)
Trading as Quantum Supply Chain Training**

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Enrolment Form (AVETMISS Compliant): You must complete EVERY section of this form as the data is required by the Australian Government's National Council for Vocational Education Research (NCVER)

USI Number:

If you do not have a Unique Student Identifier (USI), you can obtain one on-line now. To create your USI please visit <http://www.usi.gov.au/pages/default.asp>

Option 2 (QTS to create USI- available only in the event you are unavailable to create your own USI)
I am unable to create my own USI and I authorise QTS to create a USI on my behalf and that I have read the privacy information at <http://www.usi.gov.au/TrainingOrganisations/Pages/Privacy-Notice.aspx>.

I have provided one of the following forms of personal identification.

Driver's License (Australian)	Australian Passport	Citizenship Certificate
Australian Birth Certificate	Medicare Card	Other (Contact QTS for confirmation)

Document Identification Number:

Country of Birth:

Town or City of Birth:

IMPORTANT: For this service there will be a processing period of 1-3 business days.

GENDER (choose one): Female Male Indeterminate/ Intersex/ Unspecified

TITLE: Mr Mrs Miss Ms Other.....

FAMILY NAME: (SURNAME) _____

GIVEN NAMES: _____

DATE OF BIRTH: (DD/MM/YY) ____/____/____

NATIONALITY: _____ **TOWN/CITY OF BIRTH:** _____

ADDRESS:
FLAT/UNIT No. & STREET No.: _____ **STREET NAME:** _____

SUBURB: _____ **STATE:** _____ **POST CODE:** _____

PHONE: (HOME) _____ **(WORK)** _____ **(MOB)** _____

EMAIL (Please PRINT in CAPITALS): _____

RESIDENCY STATUS (Permanent Resident/Citizen): _____

(ONLY AUSTRALIAN PERMANENT RESIDENTS OR AUSTRALIAN CITIZENS CAN APPLY FOR COURSES AT QTS)



EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____ CONTACT No.: _____

ADDRESS: _____

COURSE OF ENROLMENT:

COURSE CODE: _____ Commencement date: ____/____/____

COURSE TITLE: _____

1 In which country were you born?

AUSTRALIA	
OTHER	

2 Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

NO, ENGLISH ONLY	Go To Question 4
YES, -(Please Specify)	

3 How well do you speak English?

VERY WELL	
WELL	
NOT WELL	
NOT AT ALL	

4 Are you of Aboriginal or Torres Strait Islander Origin? (For persons of both Aboriginal AND Torres strait islander origin, mark both boxes "YES".)

NO	
YES, ABORIGINAL	
YES, TORRES STRAIT ISLANDER	

5. Do you consider yourself to have a disability impairment or long-term condition (You may indicate more than one area)?

YES	
NO	Go To Question 7

6. If YES, then please indicate the areas of disability, impairment of long-term condition (you may indicate more than one area)

HEARING/DEAF	
PHYSICAL	
INTELLECTUAL	
LEARNING	
MENTAL ILLNESS	
ACQUIRED BRAIN IMPAIRMENT	
VISION	
MEDICAL CONDITION	
OTHER	

7a. What is your highest COMPLETED school level?

YEAR 12 OR EQUIVALENT	
YEAR 11 OR EQUIVALENT	
YEAR 10 OR EQUIVALENT	
YEAR 9 OR EQUIVALENT	
YEAR 8 OR BELOW	
NEVER ATTENDED SCHOOL	Go To Question 8

7b. In which YEAR did you complete that school level?

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8. Are you now attending secondary school?

YES	
NO	

9. Have you SUCCESSFULLY completed any of the following qualifications?

YES	
NO	

If YES, then tick ANY applicable boxes.

BACHELOR DEGREE OR HIGHER DEGREE	
ADVANCE DIPLOMA OR ASSOCIATE DEGREE	
DIPLOMA (OR ASSOCIATE DIPLOMA)	
CERTIFICATE IV	
CERTIFICATE III	
CERTIFICATE II	
CERTIFICATE I	
CERTIFICATE OTHER THAN ABOVE	

10. Of the following categories, which BEST describes your current employment status?

FULL-TIME EMPLOYEE	
PART-TIME EMPLOYEE	
SELF-EMPLOYED-NOT EMPLOYING OTHERS	
EMPLOYER	
EMPLOYED - UNPAID WORKING IN A FAMILY BUSINESS	
UNEMPLOYED SEEKING FULL TIME WORK	
UNEMPLOYED SEEKING PART TIME WORK	
NOT EMPLOYED - NOT SEEKING EMPLOYMENT	

11. Your major reason for study.

GET A JOB	
TO DEVELOP MY EXISTING BUSINESS	
TO TRY FOR A DIFFERENT CAREER	
TO GET A BETTER JOB OR PROMOTION	
IT WAS A REQUIREMENT OF MY JOB	
I WANTED EXTRA SKILLS FOR MY JOB	
TO GET INTO ANOTHER COURSE OF STUDY	
FOR PERSONAL INTEREST OR SELF-DEVELOPMENT	
OTHER REASONS	

Recognition of Prior Learning

Are you seeking advance standing for previous tertiary study? YES NO UNSURE

If 'YES', you will be required to submit a certified copy of your transcript/s and complete comprehensive syllabus details for each subject unit for which you are seeking advanced standing. This includes unit description, learning hours, assessment methods and an explanation of the weighting of each unit.

DECLARATION

I declare the information supplied by me on this form is true and correct in every aspect. Quantum Training Services (QTS) reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

I authorise QTS to obtain enrolment details, academic records, examination results and bona fide status from other educational institutions and relevant authorities.

I declare that I agree to disclose any personal information collected on this form or during enrolment to any third parties solely for the purposes of audit or other data collection by Commonwealth and State Government departments and agencies for any compliance purposes where authorised or required by law.

I am obliged to advise QTS of my residential address in Australia, and advise any change in my address during the period I am enrolled in the course/s.

I have read and understood the course extension, refund, withdrawal, deferral, credit transfer and RPL policy published in the QTS Brochure.

I acknowledge that I am aware that QTS' Policies and Procedures are available at QTS' website.

I give permission for the college to access my USI for the purpose of recording my results.

Applicant's Signature:

Date: (dd/mm/yyyy): _____