



STUDENT ENROLMENT FORM									
Course Number		Course Title			Enrolment		Period		Campus
SRTAFE Student ID		Unique Student Identifier (USI)*							
CONCESSION DETAILS									
Concession Number					Start Date		Expiry Date		
ABSTUDY/Austudy		Health Care Card			Pensioner		Youth 15-24		
Prisoner		Veteran Health			Youth Allowance		Secondary School Aged Person <i>(17yrs prior to 30/06)</i>		
PERSONAL DETAILS									
Title	Last Name <i>(full legal name)</i>			First Name			Middle Name		
Date of Birth							Gender	Male	
Name Change								Female	
Name Change Date								Other	
Postal address						State		Post Code	
Residential Address						State		Post Code	
Home Phone			Mobile			Work Phone			
Email									
Emergency Contact Name					Emergency Contact Number				
RESIDENCY STATUS - EVIDENCE AS REQUIRED: DRIVERS LICENCE, PASSPORT, BIRTH CERTIFICATE, CITIZENSHIP									
Are you an Australian Citizen? <i>(please tick)</i>		Yes	TAFE International ID <i>(if applicable)</i>						
		No	Residency Status or Visa Subclass Number						
Country of Birth			Date of Arrival to Australia						
						Aboriginal or Torres Strait Islander	Yes	No	
GUARDIAN DETAILS FOR STUDENTS UNDER 18 YEARS									
Title	Last Name			First Name/s					
Guardian Address						State		Post Code	
Home Phone			Mobile			Work Phone			
Guardian Email									
Parent / Guardian Signature					Date				
I have read the Important Terms and Conditions of Enrolment and agree to abide by these Terms & Conditions and the South Regional TAFE By-Laws.						Student Signature			
I consent to the payment option I selected being actioned and to being contacted to finalise payment and enrolment.						Date			

STUDENT STATISTICAL QUESTIONNAIRE

Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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DISABILITY

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	IF YES Please tick Disability Type			
Hearing /Deaf	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Other	<input type="checkbox"/>	Acquired brain injury	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Would you like to receive advice on support services, equipment and facilities which may assist you ?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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EDUCATIONAL BACKGROUND / Australian (or Equivalent Study)

Highest School Level Completed - Please tick	<input type="checkbox"/>	Year Completed	<input type="checkbox"/>				
Did not got to school	<input type="checkbox"/>	Year 8 or below	<input type="checkbox"/>	Completed Year 9 or equivalent	<input type="checkbox"/>	Completed Year 10	<input type="checkbox"/>
Completed Year 11	<input type="checkbox"/>	Completed Year 12	<input type="checkbox"/>	Not Stated - no response	<input type="checkbox"/>		<input type="checkbox"/>
Currently Attending School ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
School ID (CCID)							
School Name						State	<input type="checkbox"/>

For Under 18 Students Please provide your most recent School Name

Highest Level of Participation

Participation Level - Please tick	<input type="checkbox"/>	Year Completed	<input type="checkbox"/>				
Postgraduate	<input type="checkbox"/>	Bachelor	<input type="checkbox"/>	Certificate / Diploma	<input type="checkbox"/>	Incomplete Course	<input type="checkbox"/>
Secondary Education	<input type="checkbox"/>	Other Qualification	<input type="checkbox"/>	Complete VET Award	<input type="checkbox"/>	Incomplete VET Award	<input type="checkbox"/>

Highest Level of Completion

Completion Level - Please tick	<input type="checkbox"/>	Year Completed	<input type="checkbox"/>				
Postgraduate	<input type="checkbox"/>	Bachelor	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Diploma or Associate Diploma	<input type="checkbox"/>
Cert IV or Adv Cert IV / Technician	<input type="checkbox"/>	Certificate III or Trade Certificate	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Certificate other than above	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

STUDY REASON

To get a job	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>	I want extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
For personal interest / self development	<input type="checkbox"/>	To get skills for community / voluntary work	<input type="checkbox"/>	Other Reasons	<input type="checkbox"/>		<input type="checkbox"/>

EMPLOYMENT BACKGROUND

Full-time Employee	<input type="checkbox"/>	Part-time Employee	<input type="checkbox"/>	Self-employed - not employing others	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Employed - unpaid worker in family business	<input type="checkbox"/>	Unemployed - seeking full-time work	<input type="checkbox"/>	Unemployed - seeking part-time work	<input type="checkbox"/>	Not employed - not seeking employment	<input type="checkbox"/>



STUDENT COURSE DETAILS FORM

PERSONAL DETAILS

Student Full Name	SRTAFE Student ID (if known)
Student Email Address	Student Phone Number

COURSE DETAILS

MAA18 - Auschem Skill Set	2024
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Katanning Campus

Tick <input type="checkbox"/> Req	Unit ID		Subject Title	Core / Elective	Full Tuition Fees	Conc Tuition Fees	Resource Fee
	Class -room	Exter -nal					
		Core	Choose All				
		AHCCHM304	Transport and store chemicals	C	\$0.00	\$0.00	\$15.40
		AHCCHM307	Prepare and apply chemicals to control pest, weeds and diseases	C	\$0.00	\$0.00	\$20.60

Full Fees	
Tuition Fee	\$0.00
Resource Fee	\$36.00
TOTAL FEES	\$36.00
Fees with Concession	
Tuition Fee	\$0.00
Resource Fee	\$36.00
TOTAL FEES	\$36.00
Student Fee Summary	
Total Fees	

Important Information:
 These fees are subject to change as according to the DTWD Fees and Charges Policy **2024**.
 Final cost of your course fees will be finalised once confirmation of enrolment has occurred.



Student Learning Needs Checklist

Purpose

To identify the academic support needs of individuals learners to enable the learner to meet the requirements of the training package. Achieve learning outcomes and a positive student experience.

This information is to help your lecturer provide the best learning opportunity for you while you are studying at South Regional TAFE. You may choose not to provide this information, but you need to be aware that unless we are informed of your needs, we are unable to provide additional support for your learning if you need it.

Checklist must be completed for all students at the commencement of the study period by the lecturer who has first contact with the cohort. The class checklists must be retained in the learning area (either in HPECM or hard copy) to be accessible by other lecturers if required.

Confidential Participant Information

Family name:	First name:
Phone contact:	Student ID (if known):
Email:	
Course:	

I need support with: **(tick as applicable)** ✓

Understanding English	<input type="checkbox"/>	Understanding how to complete assessments	<input type="checkbox"/>
Speaking English	<input type="checkbox"/>	Using the Library resources (including online)	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Using a computer	<input type="checkbox"/>
Writing (including grammar, referencing)	<input type="checkbox"/>	Using the internet	<input type="checkbox"/>
Numeracy (Maths)	<input type="checkbox"/>	Using the online platform used at TAFE	<input type="checkbox"/>

Is English your second language?

Yes

No

Circle the highest year level at school that you achieved: **Primary**

Year 7

8

9

10

11

12

What was the year that you completed that level? _____

When was the last time you did some formal study? _____

Have you ever done any training online?

Yes

No

When was the last time you were employed? _____

Would you like to discuss your learning needs with a lecturer?

Yes

No

Do you have any conditions or disability which may affect your ability to learn? (e.g. anxiety, Dyslexia, Asperger's syndrome, Acquired Head Injury)

Yes

No

Would you like to discuss your disability support needs with Student Services?

Yes

No

TO BE COMPLETED BY LECTURER if additional learning needs are identified

Action Plan		
Date of meeting with learner:		
Support strategies agreed to:		
Lecturer name:	Signature:	Date:
Name of support staff advised:		
CAVSS / USIQ coordinator advised:	Date:	

If this student would like to discuss disability support needs, lecturer to forward a copy of the checklist to Student Services at either Bunbury or Albany campus.

- **Completed form is to be retained in the student HPECM file for access by other lecturers and academic support personnel. It may also be accessed for audit purposes.**

OR

- **Completed forms for the class may be kept in a secure folder in the learning area for the duration of the enrolment period, to allow multiple lecturers access to the checklist and/or modification of the learning needs during the enrolment period.**

Version Control

Custodian of document	Version	Date of next review
Director Training Services	7	01/09/2022

Form: Authorisation to Release Information Held by South Regional TAFE

(Please delete whichever is not applicable)

I, _____, a student of South Regional TAFE

Or

I, _____, a parent/guardian of
_____, a student of South Regional TAFE

Authorise the release of personal information relating to:

- Personal details
- Academic record
- Enrolment and attendance details

This information may be provided to: _____

Student ID number: _____

Signed: _____
(Student or parent/guardian if under age of 18)

Date: ____/____/____