

COURSE UNIT

UNIT CODE	
UNIT TITLE	

PERSONAL INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____		
GIVEN NAME		PREFERRED NAME	
FAMILY NAME		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Not specified <input type="checkbox"/> Female
TOWN/ CITY OF BIRTH		DATE OF BIRTH	____/____/____
MOBILE		HOME PHONE	
EMAIL		PREFERRED CONTACT METHOD	<input type="checkbox"/> Mobile <input type="checkbox"/> Email
RESIDENCY STATUS	Which of the following best describes your current residency status? <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other Please specify _____		

RESIDENTIAL ADDRESS

STREET NO/NAME			
SUBURB		STATE	POSTCODE

POSTAL ADDRESS

POSTAL ADDRESS	Is your postal address the same as your residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No, please specify below.		
STREET NO/NAME			
SUBURB		STATE	POSTCODE

EMERGENCY CONTACT

EMERGENCY CONTACT		RELATIONSHIP	
CONTACT NUMBER	In the event of an emergency, do you give Makeup School Sydney permission to organise emergency transport and treatment, and agree to pay all costs related to the emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO		

UNIQUE STUDENT IDENTIFIER (USI)

<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											In providing my USI, I confirm Makeup School Sydney is authorised to collect, use and disclose my Student Identifier for the purposes required under the Student Identifiers Act 2014.

LANGUAGE & CULTURAL DIVERSITY		DISABILITY		SCHOOLING		
<p>In which country where you born?</p> <p><input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other Please specify _____</p>	<p>Do you consider yourself to have a disability, impairment or long-term condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)</i> Please refer to the Disability supplement for explanation of the following disabilities:</p> <p><input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other</p>	<p>What is your highest COMPLETED school level? (Please tick ONE box only) <i>Note: If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the highest school level competed is Year 9.</i></p> <p><input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school</p>				
<p>What language do you speak at home?</p> <p><input type="checkbox"/> English <input type="checkbox"/> Other Please specify _____</p>	<p>How well do you speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Very Well <input type="checkbox"/> Not at all</p>		<p>In which YEAR did you complete that school level?</p> <p>_____</p>			
<p>Are you of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander</p>	<p>If Yes, will the above specified disability, impairment or long-term condition affect your training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, please discuss this with your trainer/RTO Representative conducting the sign up and provide evidence of how this will affect your training. You will be required to complete a Support Services Form.</i></p>		<p>Are you still attending secondary school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
PREVIOUS QUALIFICATIONS		EMPLOYMENT		STUDY REASON		
<p>Have you SUCCESSFULLY COMPLETED any qualifications since turning 17? <i>(Tick one box only)</i></p> <p><input type="checkbox"/> Yes, while at school <input type="checkbox"/> Yes, after leaving school <input type="checkbox"/> No</p> <p>If YES, please tick ANY applicable boxes</p> <p><input type="checkbox"/> Bachelor's degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (Certificates or overseas qualifications not listed above) <i>Please Specify:</i> _____</p>	<p>Of the following categories, which BEST describes your current employment status? <i>(Tick ONE box only)</i> For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 15 hours per week)</p> <p><input type="checkbox"/> Full-Time employee <input type="checkbox"/> Part-Time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Self-Employed-Employing Others <input type="checkbox"/> Employed - Unpaid worker in a family business <input type="checkbox"/> Unemployed - Seeking full-time work <input type="checkbox"/> Unemployed - Seeking part-time work</p>	<p>Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/apprenticeship? <i>(Tick ONE box only)</i></p> <p><input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To start a different career <input type="checkbox"/> To get a 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 or study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons</p>				
EMPLOYMENT INFORMATION <i>(If applicable)</i>						
COMPANY TRADING NAME						
YOUR POSITION						
PHONE				EMAIL		
STREET NO/NAME						
SUBURB		STATE		POSTCODE		

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

Declaration

In making this application for enrolment, I declare that the information I have provided is true and accurate. I am aware there will be consequences that may arise from providing false, misleading or incorrect information, including the cancellation of my enrolment or the withdrawal of any offer made by Makeup School Sydney.

I declare that I understand the following:

- Read the above terms and conditions of enrolment
- Due to the high-risk nature of the training conducted it is a requirement of my enrolment is to adhere to the instructions always provided by the Trainer
- Need to provide to Makeup School Sydney 100 points of ID to support evidence of my identity
- Give permission to take and use photos of me as evidence of my assessment or any marketing
- Information provided in this enrolment form maybe provided to various government bodies in accordance with the ASQA, Training Service NSW and Safe Work NSW
- Makeup School Sydney reserve the right to suspend training or remove you from the course, if any unacceptable or inappropriate behaviour towards staff/trainer or peers, under the influence of drugs or alcohol and/ or actions that may result in injuring others/staff/trainer/public
- Required to complete a feedback form either if I have completed or discontinued my course

APPLICANT NAME		DATE	
SIGNATURE			