



# ENROLMENT FORM



Is this the first time you have enrolled at Sport S.A.?      YES      NO

Course Title; \_\_\_\_\_

School Attending; \_\_\_\_\_ School ID Number; \_\_\_\_\_

Unique Student Identifier (USI) No. \_\_\_\_\_ SACE ID; \_\_\_\_\_

\* (See [www.USI.gov.au](http://www.USI.gov.au) for details on how to obtain a USI)

## PERSONAL DETAILS

**TITLE:** (Please circle) MR   MISS   MRS   MS   OTHER \_\_\_\_\_

**GENDER:** MALE / FEMALE

**FAMILY NAME:** \_\_\_\_\_ **GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**PHONE:** (H) \_\_\_\_\_ (WK) \_\_\_\_\_ (MOB) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

## STUDENT HANDBOOK

I, \_\_\_\_\_ agree that it is my responsibility to access the student handbook that is available for viewing on Sport SA's website at <http://www.sportsa.org.au/workforce-development-and-training/general-information>. I agree to the terms of the statement contained within the student handbook as it relates to the collection, maintenance and use of my details on my enrolment form and associated documents. I am aware of my rights and responsibilities as a student of Sport SA.

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## RELEASE OF PHOTOS / VIDEO RECORDING FOR USE BY SPORT S.A

I, \_\_\_\_\_ allow / do not allow (please circle the appropriate response) Sport S.A. to utilise my photo or recording of me in promotional materials or displays.

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Department of State Development collect the required information on this form for use by the Commonwealth Department of Education Science and Training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.

1. In which country were you born?

AUSTRALIA	
OTHER (Please specify)	

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	<b>Go To Question 4</b>
YES, OTHER (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 'Yes' boxes.)

NO	
YES, ABORIGINAL	
YES, TORRES STRAIT ISLANDER	

5. Do you consider yourself to have a disability, impairment or long-term condition?

YES	
NO	<b>Go To Question 6</b>

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

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

7. What is your highest COMPLETED school level? (Tick ONE box only)

COMPLETED YEAR 12	
COMPLETED YEAR 11	
COMPLETED YEAR 10	
COMPLETED YEAR 9 OR LOWER	
COMPLETED YEAR 8 OR LOWER	
DID NOT GO TO SCHOOL	

8. In which YEAR did you complete that school level

9. Are you still attending secondary school?  
YES NO

10. Have you SUCCESSFULLY completed any of the following qualifications? YES or NO  
If YES, then tick ANY applicable boxes.

BACHELOR DEGREE OR HIGHER DEGREE	
ADVANCED DIPLOMA OR ASSOCIATE DEGREE	
DIPLOMA (OR ASSOCIATE DIPLOMA)	
CERTIFICATE IV (OR ADVANCED CERTIFICATE/TECHNICIAN)	
CERTIFICATE III (OR TRADE CERTIFICATE)	
CERTIFICATE II	
CERTIFICATE I	
CERTIFICATES OTHER THAN ABOVE	

11. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

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

12. How did you hear about this centre? (Tick ONE box only.)

RELATION/FRIEND	
PAMPHLET THROUGH MAIL	
WORK SITUATION	
NEWSPAPER	
EXISTING INTERNAL/EXTERNAL NETWORKS	
YELLOW PAGES	
OTHER	

13. Your major reason for study? (Tick ONE box only.)

GET A JOB	
TO DEVELOP MY EXISTING BUSINESS	
TO START MY OWN 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	
FOR SELF-DEVELOPMENT	
OTHER REASONS	