



trainwest
training your future



Enrolment Form

Qualification / Unit of competency	BSBWHS407 Assist with claims management, rehabilitation and return-to-work programs
Date of Training	

Personal Details

Family Name			
Given Names			
Unique Student Identifier			
Date of Birth	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
Suburb		Postcode	
Contact Telephone Number/s	Mobile	Work	
E-mail:			
Emergency Contact		Contact number	

Employment

Current Occupation & Employer:

In what county were you born?

- Australia
- Other: _____

**Are you of Aboriginal or Torres Strait Islander origin?
(tick one box only):**

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Both Aboriginal and Torres Strait Islander

Do you consider yourself to have a disability, impairment or long term condition? Yes No

If YES, please indicate the areas of disability impairment or long term condition.

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired brain impairment
- Vision
- Medical condition
- Other: _____

What is your highest completed school year?

- Completed Year 12
- Completed Year 11
- Completed Year 10
- Completed Year 9
- Completed Year 8 or lower
- Did not go to school

At what year did you complete that school level?:

Have you successfully completed any of the following qualifications?:

- Bachelor Degree or Higher
- 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 the above

Of the following categories, which best describes your current employment status?:

- Full-Time Employee
- Part-Time employee

Do you mainly speak English at home? Yes No

Do you speak a language other than English at home?
Yes No

If YES, please specify: _____

How well do you speak English?

- Very Well
- Well
- Not well
- Not at all

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Please ensure you have read Student handbook. By signing below you agree that all above details are true and correct.

Signature	
Date	

Student Handbook Verification

Please make sure you read and understand all parts of this Student Handbook. If there is any aspect with which you are unsure, please contact Trainwest for clarification.

After you have finished reading this Handbook, please complete the section below, sign your name and return this page to Trainwest.

I, _____ (print full name), have received a copy of the Trainwest Student Handbook. I acknowledge it is my responsibility to read, understand and follow the terms and conditions it sets out. I understand this does not cancel my rights as applicable according to state and/or federal law. I give permission for a copy of my completed qualification/statement of attainment to be forwarded to my employer/the training organisation that delivered my training.

Student name: _____

Student signature: _____

USI: _____ Date: _____