

ENROLMENT FORM**WRB20304—CERTIFICATE II IN RETAIL COSMETIC SERVICES****1. PERSONAL DETAILS**

Surname			
First name			
Other given names			
Date of Birth (dd/mm/yy)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	STATE: ___ POSTCODE: _____		
Phone Number (home)			
Work Number			
Mobile Number			
Email			

2. EMERGENCY CONTACT DETAILS

Name		Relation	
Address	STATE: ___ POSTCODE: _____		
Phone Number (home)			
Work Number			
Mobile Number			
Email			

3. NATIONALITY/CITIZENSHIP

3.1 Were you born in Australia?	<input type="checkbox"/> Yes (go to 3.2) <input type="checkbox"/> No If no, please write country of birth:
3.2 Please tick whether you are:	<input type="checkbox"/> an Australian citizen <input type="checkbox"/> Australian permanent resident <input type="checkbox"/> Indigenous Australian <input type="checkbox"/> Temporary resident

4. DISABILITY/MEDICAL HISTORY

4.1 Do you have a disability for which you require special assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the assistance you require
4.2 Do you have any medical conditions that we should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

5. EDUCATION

5.1 Are you still at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, go to 5.2) If yes, please provide details of A.) school name: _____ _____ B.) your current school level:
5.2 Do you have any qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 5.3) If yes, please state your highest qualification: _____
5.3 Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 5.4) If yes, please complete the following: A.) Name of employer: _____ B.) Address: _____ _____ C.) Contact phone number: _____
5.4 Have you completed a traineeship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to Section 6) If yes, please provide details of: A.) Employer Name: B.) Qualification/Title: C.) Year of commencement: D.) Apprenticeship/trainee:

6. INDIVIDUAL NEEDS

6.1 Why do you want to study the Certificate II in retail cosmetic services?

6.2 What are you most interested to learn on this course?

6.3 How do you plan to complete off-the-job assessments as well as workplace assessments?

6.4 What is your career plan after qualifying with this certificate?

7. RECOGNITION OF PRIOR LEARNING

Do you wish to apply for RPL?

- Yes
- No

If yes, please ensure you complete the separate RPL form.

8. PUBLICATION PERMISSION STATEMENT

Do you give your permission for your name and photograph to be featured in Southside Community Services Publications?

- Yes
- No

If yes, please tick where you permit Southside Community Services to use this information:

- Southside Community Services Inc./Optimum Training and Development website(s).
- Newsletters distributed by Southside Community Service Inc.
- Newsletters distributed by Optimum Training and Development.
- Promotional material distributed by Optimum Training and Development.
- Media releases made by Optimum Training and Development.

9. 19A INFORMATION RELEASE AUTHORITY

I hereby give permission to Optimum Training and Development to share my vocational details with other training organisations and the Department of Training and Adult Education for the purpose of furthering my training opportunities and accreditation of my training as required by legislation.

- Agree
- Do NOT agree

10. 19F STATEMENT OF UNDERSTANDING

I have received a copy of and accept all the policies, procedures and guidelines contained within the *Student Handbook*. I shall abide by these for the duration of my training with Optimum Training and Development.

I understand that my failure to comply with the rules and responsibilities will result in disciplinary action to the discretion of Optimum Training and Development Management.

- Agree
- Do NOT agree

11. DECLARATION

I hereby declare that all the information that I have provided on this enrolment form is true and correct.

Signed: _____ Dated: _____

Please note that the information you provide on this form is private and confidential. We are obliged to forward this information to the ACT Department of Education and Community Services and the Department may use this information to verify that services were provided, or to obtain your views about the services provided. All student records are kept for 30 years by Optimum Training and Development, as required by law. You are entitled to view your records upon written request to Optimum Training and Development.