

ATEC NON ACCREDITED TRAINING ENROLMENT FORM



Ottoway / Port Adelaide / Lonsdale Tel: 1300 112 832

Information collected will be reported and stored in accordance with the Privacy Act 1988 and the Australian Privacy Principles 2014. Information will not be shared with a third party without your prior consent.

Should you require any further information relating to the privacy of your information, please refer to the ATEC's Privacy Policy available on our website www.atec.asn.au or contact our Privacy Officer on 1300 112 832.

1. Course details

Course Name _____ Start Date / /

2. Personal details

Family Name (surname) _____

Given Names _____ Preferred Name _____

Date of Birth / / Gender Male Female Other

Mobile _____ Work phone _____

Email Address _____

Address

Street/Unit No _____ Street Name _____

Suburb _____ Postcode _____

Postal address if different from above

PO Box Number _____ Suburb _____

State/Territory _____ Postcode _____

3. Language and Cultural Diversity

In which country were you born?

Australia Other, please specify _____

Do you speak a language other than English at home?

No, English only Yes, other, please specify _____

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

4. Disability

Do you consider yourself to have a disability, which could potentially affect you completing this course? No Yes, please state

- | | | |
|--|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Other, please specify _____ | | |

Please provide any information we could provide to ensure we best accommodate your training with ATEC, or call us directly to discuss any concerns on 1300 112 832.

5. Student Declaration and Consent

I declare that:

- The information I have provided to the best of my knowledge is true and correct.
- I consent to the collection of video/audio recordings and photographic images only for the purposes of providing assessment evidence for the course in which I am enrolling.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I am aware of and can access to ATEC's Pre-enrolment Information at www.atec.asn.au/pre-enrolment-information.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Parental/guardian consent is required for all students under the age of 18.