



OFFICE USE ONLY	
Date booked :	
Client Number:	
Client Notes:	

**Please complete this form, and Submit online or  
Email to Stephanie@assesstolift.com.au**

**\*\*\*To be completed by Student\*\*\***

RTO Name: ASSESS TO LIFT PTY LTD			Qualification / Unit Code and Name: TLILIC2001 –LICENCE TO OPERATE A FORKLIFT TRUCK		
<b>NAME</b>				<b>3.GENDER</b>	
First Name:	Middle Name:	Title:	Are you over 18 <input type="checkbox"/> Yes <input type="checkbox"/> No		Male <input type="checkbox"/>
Family Name:			Date of Birth / /		Female <input type="checkbox"/>
<p><b>UNIQUE STUDENT IDENTIFIER</b> From 1 January 2015, we Assess to Lift Pty Ltd can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.</p>					
Unique Student identifier:				Suburb / Town of Birth and Post Code:	
<b>ADDRESS</b>					
Property Name / Number & Street:					
Suburb / Town:		State:		Postcode:	
Home Phone:		Mobile:		Email:	
Work Phone:				Alternative email address (optional) :	
Postal Address (if different from above)					
Preferred Contact Method:					
<b>EMERGENCY CONTACT</b>					
First Name		Last Name		Phone	
Relationship to Applicant					
<b>EXPERIENCE</b>					
Have you ever driven a forklift			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had a forklift licence suspended or cancelled			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p><b>If yes to either question please advise staff at time of booking</b> Please download a copy of our application for experienced drivers, if you would like to apply for an experienced driver's course. Please be aware that Assess To Lift may determine this course not suitable for your level of experience.</p>					
<b>EMPLOYER INFORMATION</b>					
Employer Trading Name:					
Employer Legal Name:			Work Phone:		
Employer Address:			Work Fax:		
Contact Name		Position:		Email:	

## LANGUAGE, LITERACY AND NUMERACY

How do you rate your ability to speak English  Very Well  Well  Not Well  Not at all  
 How do you rate your skills in reading and writing in English  Very Well  Well  Not Well  Not at all  
 How do you rate your skills in performing basic mathematical calculations?  Very Well  Well  Not Well  Not at all

Please contact Assess to Lift ASAP if you answered 'not well' or 'not at all' to any of the above questions

## LANGUAGE AND CULTURAL DIVERSITY

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

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

## CITIZENSHIP

Were you born in Australia?  Yes  No

If No, please specify your country of birth \_\_\_\_\_

Student Declaration: I am an:  Australian Citizen  Australian Permanent Resident  Australian Temporary Resident

## EMPLOYMENT

Which of the following categories best describes your current employment status? (tick one box)

Full Time (over 30hrs/wk.)  Part Time (under 30hrs/wk.)  Self Employed (not employing others )  
 Self Employed (employing others)  Employed (unpaid worker in a family business)  Unemployed (seeking full time work)  
 Unemployed (seeking part time work)  Not employed not seeking employment

## SCHOOLING

What is your highest completed school level?  Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  
 Year 9 or equivalent  Year 8 or below  Never attended school

In which year did you complete that school level? \_\_\_\_\_

Are you still enrolled in secondary or senior secondary education?  Yes  No

## DISABILITY

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

If you indicated the presents of a disability , impairment or long term condition, please select the area(s) in the following list

Hearing/ Deaf  Physical  Intellectual  Learning  Mental illness  
 Acquired brain Impairment  Vision  Medical Condition  Epilepsy  Spinal/ neck injuries  
 Other

Do you require any special assistance? (If so please provide additional information and contact Assess to Lift ASAP so that special arrangements can be made)

\_\_\_\_\_

\_\_\_\_\_

Note: In some instances a Dr's Certificate will be required to proceed. Please refer to the Participant Handbook for further details

**PREVIOUS QUALIFICATIONS ACHIEVED**

Have you successfully completed any of the following qualifications? Please Tick

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bachelor or higher degree                             | <input type="checkbox"/> Advanced diploma or associate degree           | <input type="checkbox"/> Diploma or Associate |
| <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 (including overseas education) |   |

**REASON FOR STUDY**

**Please indicate which reason BEST describes why you wish to enrol in this course of study (tick one box only) :**

- |   |  |   |  |
|---|--|---|--|
| <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 try for a different career       |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job  | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest            | <input type="checkbox"/> Other reasons                   |   |  |

**MARKET RESEARCH**

Where did you hear about Assess to Lift?

- |                                   |   |  |                                   |                                   |
|-----------------------------------|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Employment services provider | <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Brochure | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Friend   | <input type="checkbox"/> E-mail                       |  |                                   |                                   |

**PAYMENT METHOD**

Please Indicate payment method

**One of the below sections to be completed**

**Job Network Provider**

Job Network Agencies Name : \_\_\_\_\_ Branch \_\_\_\_\_ Caseworker \_\_\_\_\_

Purchase Order Number \_\_\_\_\_ Job Seeker Number \_\_\_\_\_

**Please send a Purchase Order with enrolment**

**Company or Business**

Company or business name \_\_\_\_\_ Contact person \_\_\_\_\_

Company address \_\_\_\_\_

Contact number \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Purchase Order Number \_\_\_\_\_

**Please send a Purchase Order with application form (if Applicable)**

**Personal Payment**

Payment methods, please select your method of payment.

- |                                       |                                 |                               |   |
|---------------------------------------|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> Card payment | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> Other (if other please indicate below) |
|---------------------------------------|---------------------------------|-------------------------------|---|

**Please be aware that a \$200 deposit will apply at time of booking course dates, this deposit will only be refunded in accordance with the conditions detailed within the Participant Information Guide**

APPLICANT DECLARATION & SIGNATURE	Yes	No
I understand that I must attend all scheduled classes	<input type="checkbox"/>	<input type="checkbox"/>
I have read the Participant Information Guide available at <a href="http://www.assesstolift.com.au">www.assesstolift.com.au</a> (or available in printed format upon request)	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree to abide with the Code of Conduct and Terms and Conditions detailed within the Participant Information Guide	<input type="checkbox"/>	<input type="checkbox"/>
I understand and meet the minimum requirements for enrolment into this course	<input type="checkbox"/>	<input type="checkbox"/>
I have contacted Assess to Lift regarding any special assistance that I will require to successfully complete this course	<input type="checkbox"/>	<input type="checkbox"/>
I have in my possession suitable and original copies of documents that I can use as Evidence of Identity (refer to <a href="http://www.assesstolift.com.au">www.assesstolift.com.au</a> for further information or contact us for a printed copy of the guidelines)	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must complete this course within 90 days of course commencement	<input type="checkbox"/>	<input type="checkbox"/>
I agree to Assess to Lift using non-sensitive information provided me for marketing and advertising purposes	<input type="checkbox"/>	<input type="checkbox"/>
I understand that Assess to Lift is required by law to supply some of my personal information to its regulators and that any disclosure of my personal information will be in accordance with the Australian Privacy Principles. I understand and agree to the terms and conditions of Assess to Lift's Privacy Policy	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable, I consent to Assess to Lift to report my attendance and/or course progression to my employer, JA, ESP, or financier	<input type="checkbox"/>	<input type="checkbox"/>
I agree to create and supply my Unique Student Identifier number (or give consent for Assess to Lift to create one or search for an existing USI on my behalf. Please complete and forward the USI Application Form available at <a href="http://www.assesstolift.com.au">www.assesstolift.com.au</a> )	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of my rights and responsibilities and confirm that this course is suited to my individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must review the Study Guide and be familiar with the contents prior to course commencement	<input type="checkbox"/>	<input type="checkbox"/>

## Privacy Notice & Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, Assess to Lift Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Assess to Lift Pty Ltd for statistical, regulatory and research purposes. Assess to Lift Pty Ltd may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

### 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, use and disclosure of my personal information in accordance with the Privacy Notice above.

Applicant Name \_\_\_\_\_

Applicant signature (or electronic acknowledgement) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_