



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- RTO NUMBER 91574			Qualification / Unit Code and Title: TLILIC0003 –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"/>					Other <input type="checkbox"/>
<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 <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail					
<b>EMERGENCY CONTACT</b>					
First Name		Last Name		Phone	
Relationship to Applicant					
<b>Unique Student Identifier (USI)</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 NCVER. If you have not yet obtained a USI you can apply for it directly at <a href="https://www.usi.gov.au/students/create-your-usi/">https://www.usi.gov.au/students/create-your-usi/</a> on computer or mobile device.					
<b>Enter your Unique Student Identifier (USI) (if you already have one)</b>					
You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <a href="https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/">https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/</a> .					
Unique Student identifier:					Suburb / Town of Birth and Post Code:
<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"/>	
<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.					

LANGUAGE, LITERACY AND NUMERACY				
How do you rate your ability to speak English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
How do you rate your skills in reading and writing in English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
How do you rate your skills in performing basic mathematical calculations?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
<b>Please contact Assess to Lift ASAP if you answered 'not well' or 'not at all' to any of the above questions</b>				
LANGUAGE AND CULTURAL DIVERSITY				
Do you speak a language other than English at home?	<input type="checkbox"/> No (English only)	<input type="checkbox"/> 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)				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes Aboriginal	<input type="checkbox"/> Yes Torres Strait Islander	
CITIZENSHIP				
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <i>No</i> , please specify your country of birth _____				
Student Declaration: <b>I am an:</b> <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Australian Temporary Resident				
EMPLOYMENT				
<b>Which of the following categories best describes your current employment status? (tick one box)</b>				
<input type="checkbox"/> Full Time (over 30hrs/wk.)	<input type="checkbox"/> Part Time (under 30hrs/wk.)	<input type="checkbox"/> Self Employed (not employing others)		
<input type="checkbox"/> Self Employed (employing others)	<input type="checkbox"/> Employed (unpaid worker in a family business)	<input type="checkbox"/> Unemployed (seeking full time work)		
<input type="checkbox"/> Unemployed (seeking part time work) <input type="checkbox"/> Not employed not seeking employment				
SCHOOLING				
What is your highest completed school level?				
	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent	
	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school	
In which year did you complete that school level? _____				
Are you still enrolled in secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DISABILITY				
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you indicated the precents of a disability, impairment or long-term condition, please select the area(s) in the following list				
<input type="checkbox"/> Hearing/ Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Acquired brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Spinal/ neck injuries
<input type="checkbox"/> 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)				
_____				
_____				
_____				
<b>Note: In some instances, a Dr's Certificate will be required to proceed. Please refer to the Participant Handbook for further details</b>				

PREVIOUS QUALIFICATIONS ACHIEVED												
<p>Have you successfully completed any of the following qualifications?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Please Tick</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bachelor or higher degree</td> <td style="width: 33%;"><input type="checkbox"/> Advanced diploma or associate degree</td> <td style="width: 33%;"><input type="checkbox"/> Diploma or Associate</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV (or advanced certificate/ technician)</td> <td><input type="checkbox"/> Certificate III (or trade certificate)</td> <td><input type="checkbox"/> Certificate II</td> </tr> <tr> <td><input type="checkbox"/> Certificate I</td> <td colspan="2"><input type="checkbox"/> Other education (including overseas education)</td> </tr> </table>	<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)				
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<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education (including overseas education)											
REASON FOR STUDY												
<p><b>Please indicate which reason BEST describes why you wish to enrol in this course of study (tick one box only) :</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> To get a job</td> <td style="width: 33%;"><input type="checkbox"/> To develop my existing business</td> <td style="width: 33%;"><input type="checkbox"/> To start my own business</td> </tr> <tr> <td><input type="checkbox"/> To try for a different career</td> <td><input type="checkbox"/> To get a better job or promotion</td> <td><input type="checkbox"/> It was a requirement of my job</td> </tr> <tr> <td><input type="checkbox"/> I wanted extra skills for my job</td> <td><input type="checkbox"/> To get into another course of study</td> <td><input type="checkbox"/> For personal interest or self-development</td> </tr> <tr> <td><input type="checkbox"/> To get skills for community / voluntary work</td> <td colspan="2"><input type="checkbox"/> Other reasons</td> </tr> </table>	<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 or self-development	<input type="checkbox"/> To get skills for community / voluntary work	<input type="checkbox"/> Other reasons	
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MARKET RESEARCH												
<p>Where did you hear about Assess to Lift?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Employer</td> <td style="width: 25%;"><input type="checkbox"/> Employment services provider</td> <td style="width: 25%;"><input type="checkbox"/> Newspaper advertisement</td> <td style="width: 15%;"><input type="checkbox"/> Brochure</td> <td style="width: 20%;"><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Friend</td> <td colspan="4"><input type="checkbox"/> E-mail</td> </tr> </table>	<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					
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<input type="checkbox"/> Friend	<input type="checkbox"/> E-mail											
PAYMENT METHOD												
<p>Please Indicate payment method</p> <p><b>One of the below sections to be completed</b></p>												
Job Network Provider												
<p>Job Network Agencies Name : _____ Branch _____ Caseworker _____</p> <p>Purchase Order Number _____ Job Seeker Number _____</p> <p><b><u>Please send a Purchase Order with enrolment</u></b></p>												
Company or Business												
<p>Company or business name _____ Contact person _____</p> <p>Company address _____ Postcode _____</p> <p>Contact number _____ Email _____</p> <p>Purchase Order Number _____</p> <p><b><u>Please send a Purchase Order with application form (if Applicable)</u></b></p>												
Personal Payment												
<p>Payment methods, please select your method of payment.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Card payment</td> <td style="width: 20%;"><input type="checkbox"/> Cheque</td> <td style="width: 20%;"><input type="checkbox"/> Cash</td> <td style="width: 40%;"><input type="checkbox"/> Other (if other please indicate below)</td> </tr> </table> <p><b>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</b></p>	<input type="checkbox"/> Card payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Other (if other please indicate below)								
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## APPLICANT DECLARATION

I understand that I must attend all scheduled classes

Yes       No

I have read the Participant Information Guide available at [www.assesstolift.com.au](http://www.assesstolift.com.au) (or available in printed format upon request)

Yes       No

I understand and agree to abide with the Code of Conduct and Terms and Conditions detailed within the Participant Information Guide

Yes       No

I understand and meet the minimum requirements for enrolment into this course

Yes       No

I have contacted Assess to Lift regarding any special assistance that I will require to successfully complete this course

Yes       No

I have in my possession suitable and original copies of documents that I can use as Evidence of Identity (refer to [www.assesstolift.com.au](http://www.assesstolift.com.au) for further information or contact us for a printed copy of the guidelines)

Yes       No

I understand that I must complete this course within 60 days of course commencement

Yes       No

I agree to Assess to Lift using non-sensitive information provided me for marketing and advertising purposes

Yes       No

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

Yes       No

Where applicable, I consent to Assess to Lift to report my attendance and/or course progression to my employer, JA, ESP, or financier

Yes       No

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 [www.assesstolift.com.au](http://www.assesstolift.com.au) )

Yes       No

I have been informed of my rights and responsibilities and confirm that this course is suited to my individual learning needs

Yes       No

I understand that I must review the Study Guide and be familiar with the contents prior to course commencement

Yes       No

## Privacy Notice & Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, Assess To Lift 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), may be used or disclosed by [insert RTO name] for statistical, administrative, regulatory and research purposes. [insert RTO name] may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note 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 National 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** \_\_\_\_/\_\_\_\_/\_\_\_\_