

# Short Course Enrolment Form First Aid


 HLTAID011 Provide First Aid (Level 2)

 HLTAID012 Provide first aid in an education and care setting

 First Aid (Refresher) HLTAID009, 22556VIC, 22300VIC

## Student Details:

<b>Unique Student Identifier (USI):</b> <i>To look up your USI or create a USI go to <a href="http://www.usi.gov.au">www.usi.gov.au</a></i>											
Surname:				Given Name/s:							
Home phone:			Mobile:				Date of Birth:				
Email Address:											
Residential Address:											
Postal Address:											

## Data Collection:

Gender :			Country of Birth:		
Australian Citizen:			Indigenous Status:		
<b>Employment Status (please tick one box):</b>					
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part time work			
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Not employed – not seeking employment			
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking fulltime work				
Language Spoken at Home:			English Assistance Required (please circle):		
<b>Do you have a learning challenge or condition that may affect your ability to complete course requirements:</b>					
<input type="checkbox"/> None	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition			
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other: _____			

## Education Data:

Highest COMPLETED school level:			Year (Date) Completed:		
<b>Prior Education Completed:</b>					
<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate I			
<input type="checkbox"/> Advanced Diploma or Associate Degree Level	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Miscellaneous Education			
<input type="checkbox"/> Diploma Level	<input type="checkbox"/> Certificate II				

## Course Enrolment:

<b>Reason for Study (please tick one box):</b>					
<input type="checkbox"/> To get a job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> I wanted extra skills for my job			
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get into another course of study			
<input type="checkbox"/> To start my own business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> For personal interest or self-development			
Student Signature:		Student Name:		Date:	