

Training Application Form

Personal Information *(* Information that must be provided)*

Mr Miss Mrs Ms Other _____

*Family Name: _____ *Given Name(s): _____

*Address: _____

*Suburb: _____ Postcode: _____

Phone Hm: _____ Mobile: _____

Email: _____

Preferred Contact method Email Mobile Home Phone

Title of course applying for:

- CHC33015 Certificate III in Individual Support (Aged, Home and Community Care) *(Includes Apply First Aid)*
- HLTAID003 Apply First Aid

Are you of aboriginal or Torres Strait Islander origin

- No Yes – Aboriginal Yes - Torres Strait Islander

Is English your first language?

- Yes If yes, How well do you speak English

- Very Well Well Not Well Not at all

- No *(please specify language spoken at home)* _____

Disability

Do you consider yourself to have a disability, impairment or long-term condition

- No
- Yes *(please indicate the areas of disability, impairment or long-term condition)*

- | | | |
|---------------------------------------|--------------------------------------------|------------------------------------------------|
| <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 Injury |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition | |
| <input type="checkbox"/> Other | _____ | |

Previous Qualifications

Have you successfully completed any vocational or tertiary qualifications?

- No (Next question)
- Yes

Highest Level of Qualification (*i.e., cert I, II etc.*)

Area of Study (*i.e., health, retail etc.*)

Year Completed

Study Reason

Why would you like to study this course?

Computer Literacy

- Competent
- Basic
- Email/Internet User
- Not used a computer

Applicant's signature: _____ Date: _____

TPG Training retains the right to withdraw or reject an application for enrolment