

SECTION A – UNIT	
Unit Title:	

SECTION B – CANDIDATE DETAILS	
Personal Details	
Salutation:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
First name:	
Last Name:	
Other names:	
Home Address:	
Postal Address:	
Contact Mobile:	
Other Phone:	
Email Address:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact Details	
Name:	
Phone:	
Evidence of Person (Photo ID – must be sighted)	
Type:	<input type="checkbox"/> D/L <input type="checkbox"/> Passport <input type="checkbox"/> 18+ <input type="checkbox"/> Other: _____
Number:	State of Issue: _____
Unique Student Identifier	
Number:	

SECTION C – REFERRAL SOURCE	
How did you hear about us?	<input type="checkbox"/> Previous Student <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Print Ad (Flyer) <input type="checkbox"/> Twitter <input type="checkbox"/> Online Ad <input type="checkbox"/> Other: _____ <input type="checkbox"/> Google Search _____

SECTION D – GOVERNMENT SURVEY	
Country of Birth:	
Are you of Aboriginal or Torres Strait origin? <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait <input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
What language do you speak at home?	
Is this training provided by your employer? <input type="checkbox"/> N <input type="checkbox"/> Y Name: _____	
Do you have any completed qualifications? <input type="checkbox"/> N <input type="checkbox"/> Y (Please select one) <input type="checkbox"/> Bachelor or higher degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous Education	
Still at school?	<input type="checkbox"/> Y <input type="checkbox"/> N
Year left school:	
Highest School Year?	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or lower
What is your current employment status: (Pls check one) <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed (not employing others) <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in 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	
Do you have a Permanent or Significant Disability? <input type="checkbox"/> Y <input type="checkbox"/> N	
What is your main reason for doing this course? <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"/> Other reasons <input type="checkbox"/> Personal interest or self development	

SECTION E – STUDENT DECLARATION	
I declare to the best of my knowledge that the information entered on this form is correct and complete. I agree to be bound by the applicable standards of conduct, regulations, policies and procedures of Halo Nation Training Pty Ltd (HaloNT), including any variations to these that HaloNT may make from time to time. I understand that my personal information will be collected and used for the purposes set out in accordance with the HaloNT Privacy Policy. I understand that HaloNT will correspond with me by electronic means. <input type="checkbox"/> I agree that I may be contacted for marketing purposes. <input type="checkbox"/> I agree that images taken of me during training may be used for marketing and other purposes.	
Signature:	Date: