

**MASTERPIECE CONSULTANTS  
ENROLMENT FORM – Please print clearly.**

**SECTION A – PERSONAL DETAILS**

Student ID:	
Surname:	First name/s:
Date of birth:	Male/Female:
Postal address:	
Postcode:                  State:	
Home phone:	Business/mobile phone:
Fax:	E-mail:
Emergency contact name:	Emergency contact phone number:
<p>1. Country of birth:</p> <p style="margin-left: 20px;">(a) Were you born in Australia?    Yes/No</p> <p style="margin-left: 20px;">(b) If No, what was your country of birth? _____</p> <p>2. Are you of Aboriginal or Torres Strait Island origin?    Yes/No</p> <p>3. Main language spoken:</p> <p style="margin-left: 20px;">(a) Is English the main language you speak at home?    Yes/No</p> <p style="margin-left: 20px;">(b) If No, what is the main language you speak at home? _____</p> <p style="margin-left: 20px;">(c) Will you need assistance with English in this course/subject/training?    Yes/No</p> <p>4. Disabilities affecting studying:</p> <p style="margin-left: 20px;">(a) Do you have any permanent and/or significant disabilities?    Yes/No</p> <p style="margin-left: 20px;">(b) If yes, please tick all that apply:</p> <p style="margin-left: 40px;">Visual/sight/seeing      Hearing      Physical      Intellectual      Chronic illness</p> <p style="margin-left: 20px;">Other (please state): _____</p> <p style="margin-left: 20px;">(c) Do you require any assistance because of this disability?    Yes/No</p> <p style="margin-left: 20px;">(d) If Yes, please give details:</p>	

## SECTION B – EMPLOYMENT & EDUCATIONAL DETAILS

Are you currently receiving a government benefit? Yes/No			
Please circle the number which best describes your current employment status:			
1. Full time employee	2. Part-time employee	3. Self employed (not employing others)	
4. Employer	5. Employed – unpaid worker	6. Unemployed – seeking full time work	
7. Unemployed – seeking part-time work			
1. Secondary schooling:			
(a) What is the highest level of secondary schooling you have <i>completed</i> ? _____			
(b) In what year did you complete that school level? _____			
2. Further schooling:			
(a) Have you ever completed any Adult, Community and Further Education Courses? Yes/No			
(b) Have you attempted or completed any further qualifications since leaving secondary schooling (Certificate, Diploma, Degree, etc)? Yes/No			
(c) If Yes, please give details:			
Year	Qualification Name	Institution	Attempted/completed?

## SECTION C – COURSE DETAILS

Course Name:	
Course Code:	Preferred Course Start Date:

### Student Declaration

I declare that all details provided in this form are, to the best of my knowledge, true and correct. I agree to abide by all Masterpiece Consultants regulations during the term of my enrolment. I also authorise Masterpiece Consultants to release information concerning my student record to any relevant government department. I have read the Masterpiece Consultants Student Handbook and agree to abide by the terms and conditions outlined therein.

Student signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

If you have any problems or questions, please contact Masterpiece Consultants.

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