# CHANGE OF STUDENT ENROLMENT DETAILS

Australian Alpine Training Institute

## CONFIDENTIAL

| | |
|---|---|
| NAME OF COURSE: | |
| EMPLOYER: | EMPLOYER ADDRESS: |
| FAMILY NAME: | FIRST NAME: |
| DATE OF BIRTH: | GENDER: MALE ❑ FEMALE ❑ |
| ADDRESS: | |
| SUBURB: | POSTCODE: |
| PHONE: | MOBILE: EMAIL: |
| EMERGENCY CONTACT: | PHONE: |

Were you born in Australia? Yes ❑ No ❑

If not, where were you born? ……..

Are you a permanent resident of Australia? Yes ❑ No ❑

OCCUPATION:

| | |
|---|---|
| INDUSTRY: | Award: |
| Commencement Date with Employer: | Years worked with this Employer: |

Please tick which box best describes your employment situation

Working full time ❑ Working Part time ❑ Self employed ❑

Family worker ❑ Seeking part time work ❑ Seeking full time work ❑

Employer ❑ Other ❑

What is your highest completed school level? Please tick one.

Year 12 ❑ Year 11 ❑ Year 10 ❑ Year 9 or lower ❑

Since leaving school have you completed a qualification? Yes ❑ No ❑

If yes tick one: Trade Certificate ❑ Advance Certificate ❑ Other Certificate ❑

Associate Diploma ❑ Undergraduate Diploma ❑ Degree or Post Graduate ❑

Do you have a disability? ❑ Yes ❑ No ❑

If yes tick one: Physical ❑ Intellectual ❑ Visual ❑ Chronic Illness ❑

Hearing ❑ Other ❑

Student/Trainee Signature: _____

Date: _____

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