



Application for Admission

1. NAME			
Surname			
Other names			
Preferred first name			
2. CONTACT DETAILS			
Home address			
<i>House number and street name</i>			
<i>City or Town</i>		<i>State</i>	<i>Post Code</i>
Postal address (if different from home)			
<i>City or Town</i>		<i>State</i>	<i>Post Code</i>
Telephone	Work:	Home:	Mobile:
Facsimile	Work:	Home:	
Email			
3. DATE OF BIRTH			
<i>Day</i>	<i>Month</i>	<i>Year</i>	
4. SEX			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
5. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?			
<i>Place a cross in the appropriate box. If you are of both Aboriginal and Torres Strait Islander descent, mark both 'Yes' boxes.</i>			
No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>
		Yes, Torres Strait Islander	<input type="checkbox"/>

6. SCHOOLING

(a) What is your highest level of school completed? Write in the year and name of school for that level

Level	Year	Name of school
Completed Year 12		
Completed Year 11		
Completed Year 10		
Completed Year 9 or equivalent		
Completed Year 8 or lower		
Did not go to school		

(b) Are you still attending secondary school?

Yes

No

7. TERTIARY EDUCATION AND TRAINING DETAILS

(a) TAFE/Vocational education and training courses

Course studied and completed	Date studied From —To (eg 1982 – 1987)	Name of college	Qualification received
Course studied, but not completed	Date studied From —To (eg 1982 – 1987)	Name of college	

(b) TAFE/Vocational education and training courses studied in school

Course studied and completed	Date studied From —To (eg 1982 – 1987)	Name of school	Qualification received

Course studied in school, but not completed	Date studied From —To (eg 1982 – 1987)	Name of school

(c) University (Higher Education)

	Date studied From —To (eg 1982 – 1987)	Name of University	Qualification received
Course studied but not completed	Date studied From —To (eg 1982 – 1987)	Name of University	

(d) Other Training

Course studied	Date studied From —To (eg 1982 – 1987)	Name of Organisation	Qualification received

8. PRESENT EMPLOYMENT

(a) Out of the following, which BEST describes your current employment status? (Cross one box only)

Full-time employee	
Part-time employee	
Self-employed – not employing others	
Employer	
Employed – unpaid worker in a family business	
Employed on CDEP	
Unemployed – seeking full-time work	
Unemployed – seeking part-time work	
Not employed – not seeking employment	

(b) If you are currently employed full or part-time, including CDEP, provide the following information:

Current employer's name	Your position	Date started (month/year)

Main responsibilities

- 1.
- 2.
- 3.
- 4.

(c) If you are self-employed, provide the following information:

Type of work	Date started (year)

Main responsibilities

- 1.
- 2.
- 3.
- 4.

9. DESIRED COURSE

What course do you want to enrol in?	First preference (eg Diploma of Community Development)
	Second preference
If you do not want to do the full course leading to a qualification, what UNITS do you wish to do?	UNIT

10. STATEMENT BY APPLICANT

In the space below, please write by hand about the following:

- Your reasons for wanting to study the course
- Your work experiences that relate to the course you wish to study
- Your involvement in community life that relates to the course

11. SIGN APPLICATION

Please sign and date this application

Signature
(Applicant)

The information we collect from you is used for training and administration purposes and will not be disclosed without your permission except as required for reporting purposes to funding bodies.

_____ / _____ / 20____

OFFICE USE ONLY

Admission received on:

Date

Admission approved

No

Yes

Date

Signed (Course co-ordinator)

Date

RETURN COMPLETED APPLICATION

Return the completed application to the following address:

**Training Co-ordinator
Yalga-binbi Institute
PO Box 217
THURINGOWA CENTRAL, QLD, 4817**

Or fax to

07 4773 4125