



## APPLICATION FOR ADMISSION AND ENROLMENT

1. Personal Details					
Surname		Given Names			
Other names known by					
Date of birth			Country of birth		
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you identify as: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>				
<b>Your Details</b>					
Home Address	Street				
	City / Town / Suburb			State	Post code
Postal Address (if different from above)					
Telephone	Home	Mobile		Work	
Email				Fax	
Next of Kin	Name				
	Address Street and number				
	City / Town / Suburb		State	Post code	
	Phone		Mobile	Fax	
	Email				
Emergency / Alternative Contact Person	Name				
	Address Street and number				
	City / Town / Suburb		City / Town / Suburb	City / Town / Suburb	
	Phone		Phone	Phone	
	Email				
Do you have any special health & or diet conditions that Yalga-binbi Institute may need to know about?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If yes, please describe					

Do you consider yourself to have a disability or long term health condition that Yalga-binbi Institute may need to know about?

Type	No	Yes	Type	No	Yes
Hearing			Acquired brain injury		
Vision			Mental illness		
Learning			Medical		
Other					
If yes to 'Other' please describe					

## 2. Education Details

What language do you speak at home?

How well would you rate yourself in terms of English?

Speaking	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>	English at home <input type="checkbox"/>
Reading	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>	English at home <input type="checkbox"/>
Writing	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>	English at home <input type="checkbox"/>
Spelling	Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>	English at home <input type="checkbox"/>

How would you rate yourself with maths?

Addition	Very well <input type="checkbox"/>	Good <input type="checkbox"/>	Not good <input type="checkbox"/>	Not at all <input type="checkbox"/>
Subtraction	Very well <input type="checkbox"/>	Good <input type="checkbox"/>	Not good <input type="checkbox"/>	Not at all <input type="checkbox"/>
Multiplication	Very well <input type="checkbox"/>	Good <input type="checkbox"/>	Not good <input type="checkbox"/>	Not at all <input type="checkbox"/>
Division	Very well <input type="checkbox"/>	Good <input type="checkbox"/>	Not good <input type="checkbox"/>	Not at all <input type="checkbox"/>
Problem solving	Very well <input type="checkbox"/>	Good <input type="checkbox"/>	Not good <input type="checkbox"/>	Not at all <input type="checkbox"/>

### Education and Qualifications

What is your highest level of school completed?

Year 12  11  10  9  8 or lower

Are you currently still at school?

No   
Yes

When did you finish your schooling? Year \_\_\_\_\_

What school did you last attend?

Since you finished school have you gained any qualifications?

No   
Yes

If yes, what and when?

Certificate I Year \_\_\_\_\_

Certificate II Year \_\_\_\_\_

Certificate III Year \_\_\_\_\_

Certificate IV Year \_\_\_\_\_

Diploma or Advanced Diploma Year \_\_\_\_\_

Bachelor degree or higher Year \_\_\_\_\_

If you have qualifications / experience will you be seeking;

- Recognition of Prior Learning

Yes  No

- Recognition of Current Competence

Yes  No

- Credit Transfers

Yes  No

If yes, Please specify which you will be seeking and what units this will be for.

### 3. Employment Status

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Employed – unpaid in family business	<input type="checkbox"/> Employed on SQW	<input type="checkbox"/> Not employed (not seeking work)
<input type="checkbox"/> Unemployed (seeking work)		Employer's Name:
Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Address:

### 4. Course information

What program do you want to enrol in?		
Reason for study		
<input type="checkbox"/> To get a job	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> For personal interest	<input type="checkbox"/> For self-development
<input type="checkbox"/> To try a different career	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement of my job
<input type="checkbox"/> The skills are required by my community	<input type="checkbox"/> Other	

In the space below, please write by hand (not less than half a page) on the following;

- Your experiences at home and in your community that have led you to wanting to undertake this program.

The information requested on this application form is used for training and administration purposes only and the information will not be shared without your permission.

Administration purposes include;

- In the event of an emergency and you are not able to give informed consent.
- A requirement of a funding body for reporting purposes.

5. Declaration		
I agree to the information I have provided being used as described above.		
The information I have provided is true and correct to the best of my knowledge.		
I understand that some programs require language, literacy and numeracy assessment with a satisfactory result to be enrolled in a program and that I may be referred to seek personal development in language, literacy and numeracy before I can enrol if it is a program requirement and not one imposed by this Institute.		
I hereby make application for admission with a view to enrolment.		
Name:	Signature:	Date:

Return this completed application to Yalga-binbi administration by;

- Post

Yalga-binbi Institute  
 PO Box 2773  
 BUNDABERG, QLD 4670

- Scan and email

[info@yalgabinbi.com.au](mailto:info@yalgabinbi.com.au)

- Fax

(07) 4130 7777

OFFICE USE ONLY			
Application received on:		Date:	
Application approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
If no, the reason is:			
Name (Program Co-ordinator)		Signature	Date
OFFICE USE ONCE APPLICATION IS APPROVED			
Details entered into SMS			
Confirmation of enrolment sent to ABSTUDY			
Student letter of acceptance completed			
Student file established			
ABSTUDY form sent to student			