



**Community Training Australia Pty Ltd**  
Level 3, 334 Flinders Street Townsville QLD 4810  
Phone: 07 47724103 Fax: 07 47712083  
Email: [admin@cta.com.au](mailto:admin@cta.com.au) Web: [www.cta.com.au](http://www.cta.com.au)  
ACN: 110 125 838 ABN: 28 110 125 838 RTO: 31905

## STUDENT INFORMATION FORM

### Contact Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name/s \_\_\_\_\_

Suffix \_\_\_\_\_

Gender: Male/ Female \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Street Address:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Post Code: \_\_\_\_\_ State: \_\_\_\_\_

### Postal Address:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Post Code: \_\_\_\_\_ State: \_\_\_\_\_

**Email Address:** \_\_\_\_\_





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**Next of Kin Contact Details:**

Relationship  Spouse  Parent  Sibling

Surname: \_\_\_\_\_ Give Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

**School History:** are you still attending school Yes/No

What is the highest level you completed at school? (circle one)

Complete year 12 / Completed year 11 / Completed year 10 / Completed year 9 or equivalent /

Completed year 8 or below / did not go to school

The year highest school level completed? \_\_\_\_\_

**Employment Status:**

- Full Time employee
- Part time employee
- Self Employed (Not employing others)
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full time employment
- Unemployed – seeking part time employment
- Not employed – Not seeking employment

**Your Prior Education History:**

Have you completed any higher education? Yes / No

Please Tick:

- Bachelor or higher degree
- Advanced Diploma or Associate Degree Level
- Diploma Level
- Certificate IV
- Certificate III
- Certificate II
- Certificate I
- Miscellaneous Education





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Country of Birth: \_\_\_\_\_

Australian resident [ ] Yes [ ] No

ATSI Status:

- [ ] Yes, Aboriginal
[ ] Yes, Torres Strait Islander
[ ] Yes, Aboriginal AND Torres Strait Islander
[ ] No, Neither Aboriginal nor Torres Strait Islander

Your Language:

Do you speak a language other than English at home?

- [ ] Yes (please indicate) \_\_\_\_\_
[ ] No
[ ] Do you speak English? very well / well / not well / not at all

Your Health:

Do you consider yourself to have a long term disability, impairment or long term condition that might affect your learning capacity? [ ] Yes [ ] No

If yes please indicate the disability:

- [ ] Hearing / Deaf
[ ] Physical
[ ] Intellectual
[ ] Learning
[ ] Mental Illness
[ ] Aquired Brain Impairmant
[ ] Vision
[ ] Medical Condition
[ ] Other

Course Details:

Course Code: \_\_\_\_\_ Offer Code: \_\_\_\_\_

Course Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Course Cost: \_\_\_\_\_

(N.B. If a third party is covering the cost of the course GST is applicable)





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**Name of Payee:** \_\_\_\_\_

**Address of Payee:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment Options:**

I will be paying for this course:  Full payment upfront  Instalment plan

- EFTPOS-(Paid at reception)
- Cheque
- Money Order
- CASH
- Online- MasterCard, VISA, PayPal
- Direct Deposit

*(Sorry no credit card payments over the phone)*

**Declaration:** I declare that the information provided by me in this form is true and correct. I understand that by signing this document I am agreeing to the terms set out in the Student Information documentation provided by Community Training Australia. I also understand that this information will be treated as private and confidential and will not be divulged without my written consent. The only exception to this is if Community Training Australia is required to legally be obliged to release this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authority to View Documents (Privacy Act 1988)** During this period of your training a CTA Trainer or assessor may be required to discuss or observe your progress with an appropriate workplace representative. All discussions will be strictly confidential and any written advice will be shredded at the completion of your program. I, \_\_\_\_\_ (name please) authorise the CTA representative to discuss my training program development and any appropriate evidence with my employer/ supervisor or trainer.

**Media release**

I give permission for CTA to use photographic / video material for evidence of competency and publication.

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call administration on (07) 47724103 or email at [admin@cta.com.au](mailto:admin@cta.com.au) for more information regarding payment options or course details.

