



Community Training Australia

Community Training Australia Pty Ltd 49 Railway Avenue, Railway Estate Townsville QLD 4810
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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: _____

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

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)

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 the Course Registrar Scott Waterhouse (07) 47724103 or email at scott@cta.com.au for more information regarding payment options or course details.