

PLEASE NOTE: Download/save the form to your hard drive, then complete all areas of the enrolment.

The names that you provide below will be printed on any certificates or statements issued.

Two forms of identification (in colour) one being photo id must be provided at enrolment.

Qualification enrolling into:

_____ { Please select from dropdown menu }

Dual Qualification (if applicable):

_____ { Please select from dropdown menu }

Student Details:

Title: _____ Full name: _____
_____ { First, middle and surname }

Date of birth: _____ USI number: _____
_____ { If you don't have a USI you must apply for a USI online at www.usi.gov.au and follow the instructions provided. }

Email address: _____ Phone: _____

Residential address: _____
_____ { Unit no., Street no., Street, Suburb, State, Postcode }

Postal address: _____
_____ { If different to residential address }

The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data collection.

This information is required for the collection and analysis of vocational education and training throughout Australia. It is not made available to any third party for any other purpose.

Residency status: _____ Indigenous status: _____

City of birth: _____ Language spoken at home: _____

Country of birth: _____ Level of language proficiency: _____

Do you have any disabilities that would impact on your ability to complete the qualification? _____

What disabilities do you identify as having? _____

Will you require extra support to assist you in completing your qualification? _____
_____ { If 'Yes', SPASA Training will contact you to arrange support. }

Education & Background:

Highest completed school level: _____ Year completed: _____

Most recent qualification: _____

Current employment status: _____

Which best describes your main reason for enrolling? _____

Declaration and Consent: (PLEASE READ AND SIGN BELOW TO INDICATE YOUR CONSENT)

I have reviewed the pre-enrolment information at www.spasa.com.au including the fee information, Recognition of Prior Learning, Credit Transfer, deferring or discontinuing training, Consumer Protection information, how to access support and assistance during my training and I understand my rights and obligations prior to my enrolment.

I understand that the information provided by me will be used by SPASA, the Department of Education and Training and the Australian Skills Quality Authority for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes.

I understand that SPASA is required to assess any information I provide to determine if a Recognition of Prior Learning process is available to me as a student to maximise the outcomes of my learning and assessment progress.

By signing this form, I certify that the information provided is true and correct and provide consent for this information to be used by the parties listed above. I further certify that I have read the student handbook and been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the services being provided.

NOTE: Acceptance of enrolment will be subject to experience and other factors

Students name: _____ Date: _____

Signature: _____

Emergency Contact details: (Can be relative, next of kin or work colleague)

Name: _____ Relationship to you: _____

Phone: _____

Payment Options: How do you wish to pay for your training?

Payment options details can be located on the next page.

Payment Authorisation:

Invoice Number: _____ If invoice number unknown, please complete below:

Company name: _____

Student name/s: _____

Postal address: _____
{ PO Box or Street no., Street, Suburb, State, Postcode }

Invoice details - Please complete this section if the invoice is going to a company:

Company Phone: _____ Purchase order (if required): _____



Company Contact Name: _____

Company Contact Email: _____

Please select the course & course payment: _____

Dual Qualification Price: { if applicable } _____

Preferred Payment Option:

- ☐ Payright ☐ Internal plan with SPASA
{ Contact us to select repayment terms }
- ☐ Direct Deposit - Account Name: SPASA NSW - BSB: 032 062 - Acc: 201 955
{ Please quote invoice no. or surname name as a reference. }
- ☐ Direct Debit - See form attached ☐ Credit Card - Complete form below
- ☐  ☐  Name on Card: _____

Expiry: / CVV:

Card No:

Signature: _____

Notes:

Send completed form to the attention of the Training Department:

Post: PO Box 245, Northmead NSW 2152

Email: training@irlearning.com

Have a question?

Contact us: Toll free: 1800 802 482 or email: training@irlearning.com

LANGUAGE, LITERACY AND NUMERACY SUPPORT INDICATOR

Name: _____

Date: _____

Language

Please select the correct response.

1. Spiders spin webs, but bees make: ☐ **money** ☐ **hurry** ☐ **honey** ☐ **hurdle**
 2. Motor cars have round: ☐ **trams** ☐ **rotate** ☐ **wheels** ☐ **where**
 3. Fertiliser helps plants to: ☐ **die** ☐ **grow** ☐ **water** ☐ **rose**
 4. A television has a: ☐ **electricity** ☐ **buttons** ☐ **plastic** ☐ **screen**
 5. The boys were playing soccer on the field. Mark said “The grass is a funny colour today.
Most of the time it looks: ☐ **grey** ☐ **green** ☐ **blue** ☐ **long .”**
 6. Planes fly in the sky and boats go well on the water. Trains must travel on a: ☐ **door** ☐ **window** ☐ **track** ☐ **truck**
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Literacy

Read the information below and answer the questions that follow.

Children soon pick up messages about how difference is valued by others around them. Sometimes our own embarrassment about difference gives children confusing or negative images about difference. For example, a child who sees someone sitting in a wheelchair for the first time is likely to stare at the person. If his/her caregiver feels embarrassed and scolds the child for staring, the child is likely to think that there is something shameful about being in a wheelchair. In this way the child may begin to develop a prejudice against people in wheelchairs.

1. How do children learn about how difference is valued?

2. What gives children negative messages about difference?

3. Why would a child stare at someone in a wheelchair?

4. Why would the caregiver scold the child for staring?

Numeracy

Question	Answer
$3 + \square = 12$	
$20 - \square = 8$	
$23 + 44 = \square$	
$96 + 42 = \square$	
$5 \times 4 = \square$	
$80 \div 10 = \square$	
There were 4 tables in the room and each table seated 5 people. How many people could be seated altogether?	

There were 4 tables in the room and each table seated 5 people. How many people could be seated altogether?	
There were three buses. The first bus had 24 children, the second bus had 36 people and the third bus had 48 children. How many children were there altogether?	
I had \$15 to share between 3 people. How much does each person receive?	
I had \$245 in my bank account. I bought a pair of jeans for \$56 and a jumper for \$38. How much do I have left?	

Signatures of Parties:

_____	_____	_____
Trainer Name:	Trainer Signature:	Date:
_____	_____	_____
Student Signature:		Date:

****Note**** Please ensure that this LLN test is signed prior to returning. Unsigned, undated, or incomplete documents will be returned for correction. This may delay the issuing of any certificate until all documents are received and are fully signed and completed.