



LEVEL 1, 80 COOPER STREET,  
 SURRY HILLS NSW 2010 AUSTRALIA  
 TEL: 02 9211 3500 FAX: 02 9211 3800  
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## ENROLMENT FORM

ESTABLISHMENT:	LEVEL:
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**Please complete the enrolment details below & return to R&C NSW ASAP:**

It is a requirement of the Department of Education and Training that the following information be provided. It is VITAL that all relevant details are given, so that your enrolment may be processed.

<b>LAST NAME</b>					
<b>FIRST NAMES</b>			DATE OF BIRTH	/	/
NUMBER/STREET of residence					
SUBURB /TOWN		STATE:		POST CODE:	
PH- HOME		PH WORK			
PH - MOBILE		EMAIL			

COUNTRY OF BIRTH:			CITIZENSHIP			
Do you identify as an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
LANGUAGES SPOKEN AT HOME (other than English) ?						
DO YOU NEED HELP WITH ENGLISH?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
DO YOU HAVE ANY DISABILITIES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> State type of Disability			
Do you require Special Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

HIGHEST SCHOOL LEVEL:	Year 12	Year 10	Other: Still @ School	YEAR SCHOOL COMPLETED:	
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Have you achieved or attempted any of the following (please tick the appropriate box and state the name of the course).

Achieved	Attempted	Qualification	Course Name
		Trade Certificate (e.g.: Commercial Cookery)	
		Adv./Tech Certificate (e.g.: Certificate 2 Hospitality Operations)	
		Associate Diploma	
		Undergraduate Diploma	
		Degree or Post Graduate	
		Other (please state)	

<b>Hospitality Certificates</b>	<b>Yes</b>	<b>No</b>	<b>Received Certificates</b>	<b>Yes</b>	<b>No</b>	<b>Date Received</b>
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**NB: You must attach a copy of any relevant Hospitality Certificates that you have achieved or Attempted**

I give consent for information supplied to DET on request, by R&C NSW will be used for research, statistical analysis, program evaluation, post completion surveys and internal management purposes

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