



Company name: Address: Contact persons name: Phone number: Fax number:	Traineeship Start Date / / Traineeship title: USI number-
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Surname: First name: Date of birth: / / '	Address: Suburb: Postcode: Telephone (H) (M) (W)
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Were you born in Australia: YES NO

If answer is no, where were you born?

Are you of Aboriginal / Torres Strait Island origin? : YES NO

Do you consider yourself to have a permanent &/or significant disability? YES NO

If answer is YES, please specify type of disability:

Do you require special assistance because of this disability? YES NO

Email address:

Which language do you mainly speak at home?
 English Other

If other is elected please specify which language is spoken:

Will you require assistance with English?
 YES NO

What is your highest COMPLETED school level?

<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 8 or below
<input type="checkbox"/> Year 11	<input type="checkbox"/> Did not attend school
<input type="checkbox"/> Year 10	In what year did you Complete school?
<input type="checkbox"/> Year 9	

Since leaving school, have you COMPLETED any of the following qualifications?
 YES NO
 Please tick all that apply:

Certificate II

Certificate III / Trade certificate

Certificate IV

Diploma / ADV Diploma

Degree / Bachelor Degree

Other (please describe)

Which of the following categories BEST describes your current employment status?

Full time

Part time

Self - employed

Employer

Other (please describe)

Do you wish to apply for Recognition of Prior Learning (RPL)? YES NO

Trainee signature:

Date:

LLN Assessment passed: Yes No