



Training Course Enrolment Form

10276NAT Course in Community Justice Services
(Commissioner for Declarations) or (Justice of the Peace [Qualified])



PLEASE PRINT CLEARLY IN BLOCK LETTERS

TICK ONE ONLY	
<input type="checkbox"/> JUSDEC001: Perform the duties of a Commissioner for Declarations <input type="checkbox"/> JUSJPQ001: Perform the duties of a Justice of the Peace (Qualified) <input type="checkbox"/> JUSJPQ001: Upgrade from Commissioner for Declarations to Justice of the Peace (Qualified)	
Location of Course / Online	Commencement Date
Entity Details (if applicable) If not applicable, proceed to the next section	
Business/Company/Entity	
ABN	Billing Contact/Approving Manager
Postal Address	
Phone	Email
Student Personal Details	
Student Contact Details	
Title (Mr/Mrs/Ms etc)	Postal Address
Given names	
Surname	City/Town Postcode
Preferred Name for name tags/salutation	Telephone
Unique student identifier number	Mobile
Date of birth: ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific	Email
Country of birth	Residential Address (if different from above)
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Both <input type="checkbox"/> Rather not disclose	City/Town Postcode
Which language do you speak at home?	
Proficiency in English <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Not good <input type="checkbox"/> Not at all	
Medical Conditions/Disability	
Do you have any disabilities or conditions that may impact on your studies? If yes, tick ANY of the applicable boxes: -	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other	
Employment Status	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Employer <input type="checkbox"/> Employed (unpaid worker in a family business) <input type="checkbox"/> Unemployed (seeking full-time work) <input type="checkbox"/> Unemployed (seeking part-time work) <input type="checkbox"/> Not employed (not seeking employment) e.g. retired	
Education History	
Are you still at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below Year Completed 20___ or 19___	
Have you COMPLETED any tertiary qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree	
Study Reasons	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To change careers <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> Wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> For other reasons	

