49 Condamine Street DALBY QLD 4405

Ph: 07 4662 6860 – select option 2 Email: training@macnellies.com.au

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COURSE ENROLMENT FORM – WORKING AT HEIGHTS, CONFINED SPACES, WHITE CARD

To enrol in one of these courses please fill in the form below and return to MWS. Details above.

Personal Details (legal name as shown on passport or driver licence)							ease use BLOCK letters	
Family name: USI Number:								
First Name:	Midd	Middle Name:			Preferred Name:			
Date of Birth:	/ / (dd/mm/yyyy)	Gender:		□ Male	□ Female			
	(2.5.11.1.1,7,7,7,7	Title:	□ Mr	□ Mrs	□ Ms	☐ Miss	□ Other	
Permanent Residential Address:								
Suburb:	State:	State:		Country:		Post Code:		
Postal Address (if different from above):								
Suburb: Sta		Country:				Post Code:		
Home Phone:			Work Phone:					
Mobile Phone:				Fax:				
Email:								
Emergency Contact Name:			Phone:					
Employer:								
Employer Address:								
Suburb: S		te: Post Code:						
Employer Contact Name:	: Telephone:		Fax:					
Module/s to be Enrolled in (please indicate)								
 □ Work Safely at Heights (RIIWHS204D) □ Prepare to work in the Construction Industry (CPCCWHS1001) Requires proof of identification (attach copy) 		•		,			ed Work Permit	
☐ Australian Drivers Licence ☐ An 18 plus card ☐ A current and valid passport: ☐ School identity card		~ <i>~</i>))		Enter Confined Space (MSMPER205) Enter and work in confined spaces (RIIWHS202D) Gas Test Atmosphere (MSMWHS217) Operate Breathing Apparatus (MSMWHS216)			s (RIIWHS202D) MSMWHS217)	
_ Operate Breaking / Apparated (MCM/1110210)								
Card Serial Number:				Course Date	.			

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Reasons for doing course							
☐ To get a job	☐ To get a better job or promotion						
☐ To develop my existing business	☐ It was a requirement for my job						
☐ To start my own business	☐ I wanted extra skills for my job☐ To get into another course of study						
☐ To try for a different career	☐ Other:						
Educational History							
Currently attending Secondary School? No Yes LUI Number:							
Highest School Level (i.e. year 12):	Calendar year completed (i.e. 2013):						
Prior Educational Achievements (completed)							
□ Certificate II, III or IV (please specify)in							
Employment Status							
☐ Full-time Employee☐ Part-time Employee☐ Self-Employed☐ Other:	 □ Unemployed – seeking full-time work □ Unemployed – seeking part-time work □ Unemployed – not seeking employment □ Other: 						
Vocational Education Information							
Country of Birth:	Town of Birth:						
Are you of Aboriginal or Torres Strait Islander decent? ☐ Aboriginal							
Language spoken at home: ☐ English ☐ Other, please specify:							
How well do you speak English? ☐ Very we	ell □ Well □ Not well □ Not at all						
Do you require language or literacy assistance? ☐ Yes ☐ No							
Special Needs							
Do you have a disability, impairment or long term medical condition? □Yes □No							
If yes, please indicate: ☐ Hearing ☐ Physica ☐ Vision ☐ Intellect							
Student Declaration (Please read carefully before signing)							
 I hereby certify that the particulars herein are correct and I agree to abide by MacNellie's Workplace Safety policy and procedures and acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and in compliance with any relevant operating standards. MacNellie's Workplace Safety will provide learners with every opportunity to complete your course of study providing attendance is maintained and assessment tasks are completed. MacNellie's Workplace Safety will provide individual support to assist learners with LL & N problems including conducting one-on-one training and assessment. Applicant Signature: Date:							