49 Condamine Street DALBY QLD 4405

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



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CHELL

COURSE ENROLMENT FORM - FIRST AID, CPR, LVR

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) Please use BLOCK letters									
Family name:		USI number:							
First Name:	Middle Name:			Preferred Name:					
Date of Birth:	/ /	Gender:		er:	□ Male □ Femal		nale	ale	
	(dd/mm/yyyy)		Title:	□ Mr	□ Mrs	□ Ms	□ Miss	□ Other	
Permanent Reside	ntial Address:								
Suburb:		State:		Cou	ıntry:			Post Code:	
Postal Address (if different from above):									
Suburb:	State:			Country:			Post Code:		
Home Phone:	Work Phone:								
Mobile Phone:	lobile Phone: Fax:								
Email:									
Emergency Contac	ct Name:					Phone	e:		
Employer:									
Employer Address	:								
Suburb:		State:				Post	Code:		
Employer Contact : Name: Telep		ohone:	e: Fax:						
Module/s to be Enr	rolled in (please	indicate)							
☐ Provide first ai	d	(HLTAID					st aid resp	onse in an education	
☐ Provide CPR	life error of	(HLTAID	,		nd care settir	-		(HLTAID004)	
□ Provide basic	lite support	(HLTAID	002)		erform Low \	Voltage Re	scue	(UETTDRRF06B)	
Course Date:				1					

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THE COMPLETE PACKAGE



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Reasons for doing course							
 □ To get a job □ To develop my existing business □ To start my own business □ To try for a different career □ For personal interest or self-development 	 □ To get a better job or promotion □ It was a requirement for my job □ I wanted extra skills for my job □ To get into another course of study □ 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 _ ☐ Diploma (please specify) ☐ Other qualification (please specify							
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	□ No □ Yes,						
Language spoken at home: ☐ English ☐ Other, plea	ase specify:						
How well do you speak English? □ Very well	□ 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 medica	Il condition? □Yes □No						
If yes, please indicate: ☐ Hearing ☐ Physical ☐ Vision ☐ Intellectua	☐ Medical ☐ Learning ☐ Mental Illness I ☐ Other,please specify:						
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. Student Signature:							