

49 Condamine Street
 DALBY QLD 4405
 Ph: 07 4662 6860 – select option 2
 Email: training@macnellies.com.au



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COURSE ENROLMENT HIGH RISK LICENCES

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: / / (dd/mm/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Permanent Residential Address:		
Suburb:	State:	Country: Post Code:
Postal Address (if different from above):		
Suburb:	State:	Country: Post Code:
Home Phone:		Work Phone:
Mobile Phone:		Fax:
Email:		
Emergency Contact Name:		Phone:
Employer:		
Employer Address:		
Suburb:	State:	Post Code:
Employer Contact Name:		Fax:
Name:		Telephone:
Module/s to be Enrolled in (please indicate)		
<input type="checkbox"/> Forklift (TLILIC2001) <input type="checkbox"/> EWP (boom type) (TLILIC2005) <input type="checkbox"/> Dogging (CPCCLDG3001A)	<input type="checkbox"/> Vehicle Loading Crane (TLILIC0012) <input type="checkbox"/> Non-Slewing Crane (TLILIC3006) <input type="checkbox"/> C2 Slewing Crane (up to 20T) (TLILIC3008) <input type="checkbox"/> C6 Slewing Crane (up to 60T) (TLILIC4009)	
Commencement Date:		
Do you wish for your enrolment to be considered for an RPL?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Reasons for doing course:	
<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 try for a different career <input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement for my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other: _____
Educational History	
Currently attending Secondary School? <input type="checkbox"/> No <input type="checkbox"/> Yes	LUI Number: _____
Highest School Level (i.e. year 12):	Calendar year completed (i.e. 2013):
Prior Educational Achievements: (completed)	
<input type="checkbox"/> Certificate II, III or IV (please specify) _____ in _____ <input type="checkbox"/> Diploma of _____ <input type="checkbox"/> Other qualification (please specify) _____	
Employment Status	
<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Other: _____
Vocational Education Information	
Country of Birth:	Town of Birth:
Are you of Aboriginal or Torres Strait Islander decent? <input type="checkbox"/> Aboriginal	<input type="checkbox"/> No <input type="checkbox"/> Yes, <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both, ABTSI
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other, please specify: _____	
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Do you require language or literacy assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs	
Do you have a disability, impairment or long term medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate:	<input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> 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.

Applicant Signature: _____

Date: ____/____/____