

## Enrolment Form 2012

### AFL DraftStar Program

Sports Qualifications:

- Certificate II in Sports (Coaching) SIS20510 (Please tick)

**Name:**

\_\_\_\_\_  
Surname (Legal Family Name)

\_\_\_\_\_  
Given Names (Legal Given Names)

**Date of Birth:**

\_\_\_\_\_  
Day/Month/Year

**Gender:**

Male      Female

\_\_\_\_\_  
(Please circle)

**Contact Details:**

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Contact Phone

**Home Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
State

\_\_\_\_\_  
Postcode

**Postal Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
State

\_\_\_\_\_  
Postcode

**Language and Cultural Diversity:**

\_\_\_\_\_  
Which country were you born in?

\_\_\_\_\_  
Not at all / Not Well / Well / Very Well

\_\_\_\_\_  
Other than English, language spoken at home.

\_\_\_\_\_  
Yes / No

\_\_\_\_\_  
How well do you speak English? (please circle)

\_\_\_\_\_  
Are you Aboriginal or Torres Strait Islander?

**Disability:**

\_\_\_\_\_  
Yes / No

\_\_\_\_\_  
If yes, please indicate the areas of disability, impairment or long term condition:

\_\_\_\_\_  
Do you consider yourself to have a disability, impairment or long term condition?

Hearing      Physical      Intellectual

Mental Illness      Vision      Learning

\_\_\_\_\_  
Other (Please specify)

\_\_\_\_\_  
Medical Condition      Acquired Brain Injury

**Schooling:**

\_\_\_\_\_  
Highest **COMPLETED** School Year Level

\_\_\_\_\_  
What year did you complete it?

Yes / No

Are you still attending school?

What school do you currently attend?

**Previous Qualifications Achieved?**

Have you **SUCCESSFULLY** completed any of the following qualifications?

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree       | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree   | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma or Associate Diploma           | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (or advanced cert/tech) | <input type="checkbox"/> Certificate other than above           |

**Employment:**

Of the following categories, which BEST describes your current employment status? (Tick ONE only)

- |   |   |
|---|---|
| <input type="checkbox"/> Full time employee                   | <input type="checkbox"/> Part time employee                   |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Self Employed – not employing others |
| <input type="checkbox"/> Employed – unpaid in family business | <input type="checkbox"/> Not employed – not seeking work      |
| <input type="checkbox"/> Unemployed seeking full time work    | <input type="checkbox"/> Unemployed seeking part time work    |

**Study Reason:**

Of the following categories, which BEST your main reason for undertaking this course? (Tick ONE only)

- |  |  |
|--|--|
| <input type="checkbox"/> To develop existing business        | <input type="checkbox"/> For personal interest or self development |
| <input type="checkbox"/> To try for a different career       | <input type="checkbox"/> To get a better job or promotion          |
| <input type="checkbox"/> It is a requirement of 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"/> To get a job                              |
| <input type="checkbox"/> To start my own business            | <input type="checkbox"/> Other                                     |

**Declaration:**

- I have read and I understand the Student Information Booklet

I acknowledge that I have been made aware of and understand:

- |   |  |
|---|--|
| <input type="checkbox"/> What an RTO is                               | <input type="checkbox"/> The complaints procedure                                      |
| <input type="checkbox"/> The ACSD Student Charter                     | <input type="checkbox"/> Fees and charges including tuition fees and the refund policy |
| <input type="checkbox"/> The assessment process and evidence required | <input type="checkbox"/> The issuing of certificates                                   |
| <input type="checkbox"/> Recognition of current competencies          | <input type="checkbox"/> Failure to attend scheduled classes                           |

*I declare that to the best of my knowledge and belief, the information contained on this form is correct and complete. I hereby agree to be bound by the Rules and Regulations of the Australian College of Sports Development. I authorise the Australian College of Sports Development to release information to the Office of Training and Tertiary Education at their request.*

- I have completed and included The Language Literacy and Numeracy Test with this enrolment form

**Parent/Guardian Details:**

Name:

Relationship

Contact Phone

Contact Email

**Signatures:**

Parent's Signature

Date

Student's Signature

Date