



Enrolment Application



SOLID
Connections

Connect. Learn. Grow.

PERSONAL DETAILS

Title	
Surname	
Given Names	
Date of Birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

CONTACT DETAILS

Mobile Number		Phone Number	
Email Address			
Address			
Suburb			
PO Box		Post Code	

SECONDARY EMERGENCY CONTACT DETAILS

Name				
Mobile number				
Email				
Street Number				
Suburb		PO Box		Post Code

EMPLOYMENT & EDUCATION DETAILS

Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed – Seeking Full Time	<input type="checkbox"/> Unemployed – Seeking Part Time
Still at School?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Year Completed School	<input type="checkbox"/> YEAR 8	<input type="checkbox"/> YEAR 9	<input type="checkbox"/> YEAR 10	<input type="checkbox"/> YEAR 11 <input type="checkbox"/> YEAR 12
Country of Birth				
Other Education	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Bachelor	

LANGUAUGE AND CULTURAL DIVERSITY

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 speak another language?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state: _____			
Are you?	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander	

DISABILITY

Do you have a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state: _____	



EXCURSION DETAIL

By signing the Student Consent form, you are giving the consent to travel with KAMS Ltd at any given time while completing the Qualification you are enrolled into.

Health educational field trips are an essential part of the Solid Connections Program. These field trips will provide participants with firsthand experience related to the topic or concept being discussed in the program.

All participants are required to wear the following PPE;

- Closed-in shoes
- Sun-smart hat
- Sun-smart clothing i.e., long sleeve shirt
- Sunscreen (provided by the Workforce Development Unit)

Print Name: _____

Sign Name: _____

Date: _____

CONFIDENTIAL MEDICAL INFORMATION DETAILS

This form is intended to be used to assist KAMS Ltd. in the case of any medical treatment required or medical emergency involving a student on an excursion. All information is held in confidence. Under the Privacy Act 1988, KAMS Ltd. has a duty to protect the privacy of the individual with regard to their personal and health information. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cwth).

Please tick if you suffer from any of the following?

<input type="checkbox"/> allergies	<input type="checkbox"/> blood pressure	<input type="checkbox"/> epilepsy	<input type="checkbox"/> hay fever	<input type="checkbox"/> nosebleed
<input type="checkbox"/> anaphylaxis	<input type="checkbox"/> diabetes	<input type="checkbox"/> fainting	<input type="checkbox"/> headaches	<input type="checkbox"/> sight problems
<input type="checkbox"/> asthma	<input type="checkbox"/> eczema	<input type="checkbox"/> fits or blackouts	<input type="checkbox"/> heart condition	<input type="checkbox"/> hearing problems

other please list: _____

Please add comments below if you require any special medical assistant while training:

Are you currently taking any medication? Yes No

Medicines:

If yes, please state name of medication, dosage etc.

Print Name: _____

Sign Name: _____

Date: _____



Disclaimer

Please read the below terms carefully before accepting.

*If there is any part you do not understand, please speak to a staff member before signing this form. *

1

Participation in the Solid Connections program (herein referred to as “the program”) does not guarantee employment.

2

This is the first trial of a new program; therefore, there may be unexpected delays or issues that arise. KAMS RTO staff will do our best to minimise any impact on participants should such issues present. Participants may need to exercise patience in such circumstances.

3

Staff will endeavour to assist participants to achieve their goals in line with the program, however the desired outcomes may not always be achievable. KAMS RTO do not guarantee successful provision of any part of the program.

4

Participants must ensure contact details are updated as necessary. If you are unable to be contacted for more than 21 days, you will be automatically withdrawn from the program.

5

It is expected that participants are always respectful to KAMS staff and those from other organisations. Any aggressive behaviour will result in withdrawal from the program, at the discretion of KAMS RTO.

I confirm that I have read and understood the above terms (please tick).

Print Name:

Sign Name:

Date: