

1. STUDENT DETAILS								
Title: Mr / Mrs / Ms / Miss							/ /	
Surname:			Given	Names:				
Home Phone:				Mobile:				
Residential Address:				Suburb		Postco	ode:	
Postal Address:				Suburb		Postco	ode:	
Email Address:								
Preferred metho	Preferred method of contact:							
2. TRAINING PROGRAM DETAILS								
Program Code:			Progra	am Cost:				
Program Name:								
Learning Pathway:	☐ Training and	d Assessment		Assessme	nt Only	\	VOC	
Start Date:	/ /	/	Delivery					
3. UNIQUE STUDENT IDENTIFIER (USI)								
USI No: (10 digits in total)								
If you do not have a USI do you give Integral Skills permission to apply for one on your behalf?								
To raise a USI we will need one of the following proof of Identity evidences.								
Drivers Licence No:		Expiry Date:	/	/	State of Issue:			
Medicare Card No:		Expiry Date:	/	/	Ref No:			
Name on Card:								



4. CULTURAL DIVERSITY AND CITIZENSHIP							
Are you of Aboriginal or Torres Strait Islander Origin?	□ No □	Yes - Aboriginal	es – Torres Strait Islander				
Are you and Australian or New Zealand Citizen?	□ Yes □	If no what country	y were you born in?				
5. EMPLOYMENT STATUS							
☐ Full Time employee		☐ Employed – unpaid worker in family business					
☐ Part time employee		☐ Unemployed seekin	g full time work				
☐ Self-employed (not employing o	others)	☐ Unemployed seeking part time work					
☐ Employer	,	☐ Unemployed not see					
		— onemployed not see	eking employment				
6. LANGUAGE							
Do you speak a language other than English at home?	□ No – Englis	sh only Yes					
If yes, how well do you speak English?	□ Very well	☐ Well ☐ Not well ☐ Not at all					
7. DISABILITY							
Do you have a disability?	☐ Yes ☐	No					
Please state your disability,	☐ Hearing	☐ Intellectual	☐ Physical				
impairment or injury.	☐ Learning	☐ Mental Illness	☐ Acquired				
8. PRIOR EDUCATION							
	1 12	☐ Year 9 or lower	er 🔲 Year 11				
What is your highest level of schoo	i completed?	☐ Year 10	☐ Year 12				
In which year did you complete sch	ool?						
Have you successfully completed any of the following qualifications?							
☐ Bachelor Degree or Higher De	☐ Certificate III or Tra	ade Certificate					
☐ Advanced Diploma or Associa	te Degree	☐ Certificate II					
☐ Diploma or Associate Diploma		☐ Certificate I					
☐ Certificate IV or Advance Cert	ficate	☐ Certificates - other					
Do you wish to apply for Recognition	on of Prior Learnir	ng or Credit Transfer?					
Do you consider that you have the	literacy and nume	eracy skills to	□ Vaa □ Na				
undertake the course?	☐ Yes ☐ No						



9. CORE SKILLS ASSESSMENT (INITIAL)									
Reading ACSF 3.03	1. Read the paragraph below and answer the questions that follow. In warehouses and freight terminals across NSW, forklifts are used to lift, stack and transfer loads. WorkSafe NSW has a zero-tolerance approach to the unsafe use of forklifts, considered one of the most dangerous pieces of equipment found at NSW workplaces. To be effective, a forklift must be manoeuvrable. To achieve manoeuvrability, forklifts are designed to be compact, making them less stable than other vehicles and mobile plant. Forklifts have a range of limitations, from maximum load weight to speed. These factors affect the operator and the forklift itself.								
Writing ACSF 2.06	 2. Answer the following questions in your own words. a. Why does WorkSafe NSW have a zero-tolerance approach to the unsafe use of forklifts? b. To be manoeuvrable a forklift has certain characteristics compared with other vehicles and plan. What are these? 								
Numeracy ACSF a. 2.09 b. 3.03	3. The table below shows the minimum braking distance for common forklifts. Use the information in the table to provide estimated answers to the following questions. Reaction distance and total stopping distance Speed (km/h) 6 12 16 18 20 Distance travelled while driver 2.5 5 6.7 7.5 8.3 reacts and applies brakes (m) Maximum stopping distance (m) 2.9-3.2 7-8 9.5-12 11-14 13-16. a) What is the maximum stopping distance if the forklift is travelling at 20 km/h? b) Even at 6km/h, a forklift driver will take metres to react and apply the brakes. He will need at least metres to stop.								
Outcome	For RTO use only: Is support required? No / Yes								

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10. REASON FOR STUDY									
☐ To get a job or better job					It was a requirement of my job				
☐ To develop m	op my existing business				To try f	or a diffe	rent career		
☐ To start my o	wn business				For per	sonal inte	erest or self-de	velopment	
☐ I want extra s	kills for my job				Other				
11. EMERGENCY CONTACT									
Name:					Relationship:				
Home Phone:					Mobile:				
12. MARKETING AND IMAGES									
How did you hear about us? □ Existing Clier □ Internet					☐ Consultant ☐ Other ☐ Employer				
Integral Skills may f	rom time to time	send you	u detail:	s abou	ıt future	training c	pportunities o	or offers. If	
you DO NOT wish to	o be contacted, p	lease ind	icate be	elow.					
☐ I do not wish to be contacted regarding future training opportunities.									
During training, photos or footage may be taken of you. Do you give									
Integral Skills permission to use these photos or footage for such things as									
improving training resources, promotional documents and reports?									
13. PAYMENT METHODS									
Credit Card Details (required to reserve a place in the course)									
☐ Mastercard					☐ Visa				
Card Holder Name:									
Card Number:									
Expiry Date:	/ / Card (CVC Code)								
Credit cards will not be charged without prior notification, but will be charged upon the students'									
cancellation of their place in the course. (See cancellation policy)									
Tax invoice for Existing Account Holders									
Company Name:	e:				Purchase Order No:				



14. STUDENT DECLERATION

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Learner Handbook supplied to me and have been informed about and accept my rights and obligations.
- I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy.
- I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed.
- I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance with this notice.

Signature:						Date:	/	/
RTO use only:								
Is learner support indicated?		No	/	Yes	Referred to:			
Details entered into system?		No	/	Yes				
Enrolment confirmation sent?		No	/	Yes				
Has payment	being received?	No	/	Yes	Amount paid :			·
					Receipt No :			
USI verified?		No	/	Yes				
Training scheduled to commend		ce on	the fo	ollowing	g date:			
Note:								
Full Name:								
Signature:						Date:	/	/