Australian Institute of Work-integrated Education and Research
ABN 39 660 638 835 | RTO Code: 46175
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STUDENT ENROLMENT APPLICATION

1. STUDENT DETAILS						
Title: Mr / Mrs / Ms / Miss ☐ Male ☐ Female ☐ Other				Date of Birth	/ /	
Surname:		Given Name:				
Home Phone:		Mobile:				
Residential Address:		Suburb		Postcode:		
Postal Address:		Suburb		Postcode:		
Email Address:						
Preferred method of contact:	☐ Email ☐ Phone ☐ SMS					
2. COURSE DETAILS						
Course Code:						
Course Name:						
Learning Pathway:	☐ Training and Assessment ☐ Assessment Only ☐ RPL					
Preferred Start Date:	/ /	Delivery Mode:	☐ Classroom	☐ Online	☐ Blended	
3. UNIQUE STUDENT IDENTIFIER (USI)						
USI No:	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ (10 digits in total)					
If you do not have a USI, create at: www.usi.gov.au/providers/create-usi-student						
If you do not have a USI, do you give AIWER permission to apply for one on your behalf?	☐ Yes ☐ No					
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 ☐ Yes – Torres Strait Islander
Are you and Australian or New Zealand Citizen?	☐ Yes ☐ No If no, what country were you born in? _____
What is your place of birth? (as per your USI/birth certificate/passport)	
Are you visiting Australia on a Visa?	☐ Yes ☐ No If yes, what type of visa category do you hold? _____

5. EMPLOYMENT STATUS

☐ Full Time employee	☐ Employed – unpaid worker in family business
☐ Part time employee	☐ Unemployed seeking full time work
☐ Self-employed (not employing others)	☐ Unemployed seeking part time work
☐ Employer	☐ Unemployed not seeking employment

6. LANGUAGE

Do you speak a language other than English at home? If so specify.	☐ No – English 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, impairment or injury.	☐ Hearing ☐ Intellectual ☐ Physical ☐ Learning ☐ Mental Illness ☐ Acquired

8. PRIOR EDUCATION

What is your highest level of school completed?	☐ Year 9 or lower ☐ Year 11 ☐ Year 10 ☐ Year 12
In which year did you complete school?	
In which country did you complete school?	

Have you successfully completed any of the following qualifications?	☐ Yes ☐ No
☐ Bachelor Degree or Higher Degree ☐ Advanced Diploma or Associate Degree ☐ Diploma or Associate Diploma ☐ Certificate IV or Advance Certificate	☐ Certificate III or Trade Certificate ☐ Certificate II ☐ Certificate I ☐ Certificates - other
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?	☐ Yes ☐ No
Do you consider that you have the literacy and numeracy skills to undertake the course?	☐ Yes ☐ No
Do you have any individual support needs that we can assist you with during your training? (e.g. language support needs, training needs, wellbeing needs, welfare needs, financial support needs etc)	☐ Yes ☐ No
If you answered yes to the previous question, please describe the types of support that would assist you with your studies.	

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 reacts and applies brakes (m)	2.5	5	6.7	7.5	8.3
Maximum stopping distance (m)	2.9-3.2	7-8	9.5-12	11-14	13-16.5

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.

Digital Literacy		
	Can you navigate operating systems (Windows, MacOS) to access files, programs and settings?	☐ Yes ☐ No
	Can you use word processors (e.g. Microsoft Word)?	☐ Yes ☐ No
	Can you use a basic spreadsheet (e.g. Excel, Google Sheets)?	☐ Yes ☐ No
	Can you conduct basic internet browsing and online search?	☐ Yes ☐ No
	Can you send and receive emails, and open and upload attachments?	☐ Yes ☐ No
	Can you create, organise, and save files?	☐ Yes ☐ No
	Can you use video conferencing tools (e.g., Zoom, Microsoft Teams)	☐ Yes ☐ No
	Can you communicate via text message?	☐ Yes ☐ No
Outcome	For RTO use only: Is support required? **No / Yes**	

10. REASON FOR STUDY	
☐ To get a job or better job	☐ It was a requirement of my job
☐ To develop my existing business	☐ To try for a different career
☐ To start my own business	☐ For personal interest or self-development
☐ I want extra skills for my job	☐ Other

11. EMERGENCY CONTACT			
Name:		Relationship:	
Home Phone:		Mobile:	

12. MARKETING AND IMAGES			
How did you hear about us?	☐ Existing Client ☐ Internet	☐ Consultant ☐ Employer	☐ Other
AIWER may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below.			
☐ I do not wish to be contacted regarding future training opportunities.			
During training, photos or footage may be taken of you. Do you give AIWER permission to use these photos or footage for such things as improving training resources, promotional documents and reports?	☐ Yes	☐ No	

13. DOCUMENTS SUBMITTED WITH YOUR APPLICATION

☐ 100 points ID (Copies of Driver Licence, Medicare Card etc.)

☐ Academic certificates/transcripts (translation needed if not in English)

Please submit your application via email to: admin@aiwer.edu.au

You will receive a response within two business days. Please note that AIWER may request additional information from you in support of your application.

14. STUDENT DECLARATION

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.

Student Full Name:			
Signature:		Date:	/ /

RTO use only:

Is LLND assessment required? **No / Yes** Referred to: _____

Is any specific student support required? **No / Yes** Referred to: _____

Is another interview required? **No / Yes** Referred to: _____

Is the training product suitable for the student? **No / Yes**

Details entered into system. **No / Yes**

Enrolment confirmation sent. **No / Yes**

Has payment been received? (as applicable) **No / Yes** Amount paid: _____

Receipt No: _____

USI verified? **No / Yes**

Training scheduled to commence on the following date: _____ _____

Note: _____

_____

_____

_____

Staff Full Name:			
Signature:		Date:	/ /