



tafeSA

OFFICE
USE
ONLY

TAFE SA
Student ID

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TAFESA VET IN SCHOOLS REGISTRATION FORM

DEPARTMENT OF FURTHER EDUCATION, EMPLOYMENT, SCIENCE & TECHNOLOGY ("DFEEST")

Please note: The information provided by you on this form ("Personal Information") may be used by or on behalf of the State or Commonwealth Governments for the purpose of conducting surveys for statistical purposes necessary for strategic planning of courses and student services. By completing, signing and lodging this form you are consenting to that use of Personal Information. Accordingly, you understand that information held by DFEEST is subject to the 'Information Privacy Principles' issued by the South Australian Department of the Premier and Cabinet and that Personal Information collected, used and stored will be dealt with by DFEEST in accordance with these privacy principles.

"Personal Information" means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Please print all details

Please tick:

Title Mr Miss Mrs Ms **Gender** Female Male **Date of birth** / /

Family Name **Given Name (s)**

Residential Address

 Suburb State Post code

Phone **Email**

School Name

School SSABSA Number

School Address:

 Suburb State Post code

Phone **Fax**

Language and Cultural Diversity

Statistical Details

Were you born in Australia? (Y/N)
 If No,
 1. Country of birth
 2. Do you have permanent residence in Australia? (Y/N)

Current Employment Status

4 - Employed part time
 5 - Employed, unpaid worker ie. family business
 6 - Unemployed, seeking full time employment
 7 - Not employed, seeking part time employment
 8 - Not employed, not seeking employment

Are you of Aboriginal or Torres Strait Islander origin?
 1. No
 2. Yes. Aboriginal
 3. Yes. Torres Strait Islander
 4. Yes. Both Aboriginal & Torres Strait Islander (1,2,3 or 4)

Your major reason for study

1 - Get a job
 3 - Update knowledge
 5 - Personal Interest
 6 - Gain promotion
 7 - Other. None of the above

Do you usually speak a language OTHER THAN ENGLISH at home? (Y/N)
 If YES, then complete the following
 Language spoken
 (if more than one, indicate the one that is spoken most)

Do you consider yourself to have a disability, impairment or long-term condition? (Y/N)
 If YES, then tick all of the categories applicable.

<input type="checkbox"/> 1 - Vision	<input type="checkbox"/> 6 - Learning
<input type="checkbox"/> 2 - Hearing / Deaf	<input type="checkbox"/> 7 - Mental Illness
<input type="checkbox"/> 3 - Physical	<input type="checkbox"/> 8 - Acquired Brain Impairment
<input type="checkbox"/> 4 - Intellectual	<input type="checkbox"/> 9 - Other, Not listed above
<input type="checkbox"/> 5 - Medical Condition	

Do you currently hold a Student Study Visa?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you a School Based Apprentice under a Contract of Training?

<input type="checkbox"/>	<input type="checkbox"/>
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If known, what is your TAFESA ID number

Student Signature

Date