

Please return this form – fully completed, to the trainer at the first lesson – thank you

FE64VR



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

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

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)

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.
 1 - Vision 6 - Learning
 2 - Hearing / Deaf 7 - Mental illness
 3 - Physical 8 - Acquired Brain Impairment
 4 - Intellectual 9 - Other, Not listed above
 5 - Medical Condition

Statistical Details

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

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 currently hold a Student Study Visa?

YES NO

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

If known, what is your TAFESA ID number

Student Signature

Date