# It is a requirement of the VET Quality Framework under *Data Provision Requirements 2012* that registered training organisations (RTOs) provide compliant data to ensure accurate capture of vocational and educational training information about students. This information is requested as part of FutureWest Institute’s requirement to comply with this legislation and will only be used for reporting purposes and students’ learning progress.

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| COURSE DETAILS | |
| Name of training course: |  |
| Course date: |  |
| PERSONAL DETAILS | |
| Title (Mr/Mrs/Ms/Miss): |  |
| Full name: |  |
| Unique Student Identifier (USI): |  |
| Date of birth: |  |
| Gender: |  |
| Residential address: |  |
| Postal address (leave blank if same as above): |  |
| Contact number: |  |
| Email address: |  |
| Employer name: |  |
| Employer address: |  |
| Emergency/ next of kin contact name and number: |  |
| LANGUAGE AND CULTURAL DIVERSITY | |
| Country of birth: |  |
| Indigenous origin: | Not Aboriginal or Torres Strait Islander  Yes, Aboriginal  Yes, Torres Strait Islander |
| Do you speak a language other than English at home? | No, English only (please go to Disability section)  Yes, other (please specify): |
| How well do you speak English? | Very well  Well  Not well  Not at all |
| DISABILITY | |
| Do you have a disability, impairment or long-term condition? (please tick all that apply) | No disability  Hearing/deaf  Physical  Intellectual  Learning  Mental illness  Acquired brain impairment  Medical condition  Vision  Other |
| EDUCATION | |
| What is your highest completed school level? | Year 12  Year 11  Year 10  Year 9  Year 8 or lower  Never attended school |
| In which year did you complete that school level? |  |
| Are you still attending secondary school? | No  Yes |
| Have you successfully completed any of the following qualifications? (tick any that apply) | Bachelor Degree or Higher Degree  Advanced Diploma or Associate Degree  Diploma (or Associate Diploma)  Certificate IV (or advanced Certificate/Technician)  Certificate III (or Trade Certificate)  Certificate II  Certificate I  Certificates other than the above  I have not successfully completed any of the above |
| EMPLOYMENT | |
| Of the following categories, which best describes your current employment status? (tick one box only) | Full-time employee  Part-time employee  Self-employed (not employing others)  Employer  Employed – unpaid worker in a family business  Unemployed – seeking full-time work  Unemployed – seeking part-time work  Not employed – not seeking employment |
| STUDY REASON | |
| Of the following categories, which best describes your main reason for undertaking this course? (tick one box only) | I wanted extra skills for my job  For personal interest or self-development  It was a requirement of my job  To try for a different career  To get a better job or promotion  To start my own business  To get a job  To develop my existing business  To get into another course of study  Other reasons |
| DECLARATION | |
| I understand that information contained in these forms may be provided to State and Commonwealth agencies and I consent to that occurring. I acknowledge that I have received and read the relevant Learner Handbook for this course.  Signed: Click here to enter text. Date: Click here to enter a date. | |