

Training registration form



Photo Identification: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID sighted: _____ #:	GSI #:
--	----------------------	--------

TRAINING COURSE DETAILS

Course name:		
Individual unit:	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Distance learning	Date of course:

WHAT IS YOUR REASON FOR UNDERTAKING THIS TRAINING:

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> Other reasons:		

PERSONAL DETAILS

Family Name:		Given Names:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	LUI #:	
Address:		Postcode:	
Postal Address:		Postcode:	
Mobile:	Home telephone:	Work telephone:	
Email:		Fax:	

EMERGENCY CONTACT

Name:	Telephone:	Relationship:
-------	------------	---------------

MASTER BUILDERS

Are you a member of Master Builders? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your membership number:
If no, are you interested in being contacted to discuss the benefits of Master Builders membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

What is your highest completed school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower
Which year did you complete that school level? Are you still attending secondary school? <input type="checkbox"/> Yes – Grade? <input type="checkbox"/> No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications?		
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma or Associate Diploma
<input type="checkbox"/> Certificate IV or Advanced Certificate	<input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	Certificates other than above, please specify:	

EMPLOYMENT	
Are you employed full time by someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed part time or casual by someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an employer – someone who employs other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed unpaid family worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you unemployed – looking for full time work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you unemployed – looking for part time work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you not employed – not looking for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND	
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, no which country were you born:	
Are you of Aboriginal Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident or citizen of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LANGUAGE	
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify what language:	
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Is English language assistance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISABILITIES	
Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the areas of disability, impairment or long term condition:	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other, please specify:

DECLARATION	
<i>I have received and read the Master Builders Student Information Handbook and accept the provisions therein.</i>	
Candidates signature:	Date:

Return to:

Email: training@masterbuilders.asn.au **Fax:** (07)3225 6544 **Post:** Master Builders, 417 Wickham Terrace, Brisbane QLD 4000