

Enrolment form - ACIF Learning Academy.



Please fill in the below details. These forms will be kept confidentially, and destroyed once implemented into the ACIF learning academy. You will then be sent your login details plus Academy instructions.

DETAILS:

First name: Middle name: Surname:

Sex: DOB: Email:

HOME ADDRESS DETAILS:

Street details: City: Country:

State: Postcode:

WORK ADDRESS DETAILS:

Street details: City: Country:

State: Postcode:

PHONE CONTACT DETAILS:

Work phone: Home phone:

RECOGNITION OF PRIOR LEARNING:

Education

Highest school level: *Please tick* Year school completed: _____

- Year 8 or below
- Year 9 or equivalent
- Completed year 10
- Completed year 11
- Completed year 12

Prior Education Achievements: *Please tick*

- 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.

Background & Disabilities

Country of Birth: _____

Indigenous Status: *Please tick*

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

Spoken English: *Please tick*

- English is first language
- Very well
- Well
- Not well
- Not at all

Language other than English spoken at home: _____

If you have any of the disabilities listed below, please tick which applies:

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired Brain Impairment
- Vision
- Medical Condition
- Other
- Not Specified