

Enrolment Form 2024

Evolution Training & Safety Pty Ltd as a Registered Training Organisation (RTO) is required to report certain statistical information. Please write or tick in the relevant boxes making sure to fill in the boxes with a mandatory * asterisk.

*USI																*Drivers Licence																State
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Course Code	Course Name
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Course Date/s	Course Location
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***Personal Details**

Title	Given Name	Middle Name
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Surname

City of birth	Date of Birth
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Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other/pronoun	
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Home Phone	Work/mobile phone
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Email Address

***Home Address**

Unit	Number	Street
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Suburb	State	Postcode
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Postal Address (if different from above)

Unit	Number	Street
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Post Office Box / Other

Suburb	State	Postcode
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***Emergency Contact (NOK)**

Persons Name	Relationship
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Phone	Mobile
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***Are you Aboriginal or Torres Strait Islander origin**

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal AND Torres Strait Islander
<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander		

***Which of the following best describes your current employment status (tick ONE box only)**

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Self employed - employing other	<input type="checkbox"/> Unemployed - Seeking part time work
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Employed - unpaid work in family business	<input type="checkbox"/> Unemployed - Not seeking work
<input type="checkbox"/> Unemployed - seeking full time work	<input type="checkbox"/> Self Employed - not employing other	

*Do you consider yourself to have a disability, impairment or long term condition?	Yes/No
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If yes, please indicate the area(s) in the following list:

<input type="checkbox"/> Aquired Brain Imparement	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision (other than glasses)
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Physical
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other

*Education. Are you still enrolled in secondary or senior secondary education?	Yes/No
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*What is your highest COMPLETED school level (Tick only one)	Year Completed
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<input type="checkbox"/> Did not attend school	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12
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*Prior education. Have you successfully completed any qualifications below	Yes/No
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if YES, tick ANY applicable boxes

<input type="checkbox"/> Advanced Diploma or Associated Degree	<input type="checkbox"/> Certificate 1	<input type="checkbox"/> Certificate 4
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate 2	<input type="checkbox"/> Miscellaneous Education
<input type="checkbox"/> Diploma Level	<input type="checkbox"/> Certificate 3	

***Citizenship Status**

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Overseas Resident	<input type="checkbox"/> Perminant resident of Australia
<input type="checkbox"/> NZ Resident	<input type="checkbox"/> Visa Holder - Specify	

*In which country were you born?

Australia other - Please specify: _____

*Do you speak any language other than ENGLISH at home?

YES - please specify _____

No, English ONLY *How well do you speak English? Very Well Not well
 Well Not at all

*Study Reason (Tick ONE box only)

To get a job To try a different career I want extra skills for my job
 To develop my existing business To get a better job or promotion
 To start my own business Is a job requirement
 For personal interest or self development To get into another course of study

*Employer Information

Employer:	Position:
Supervisor/Manager:	Phone:

*Do you provide permission for Evolution Training to discuss the progression of your studies with your employer (Tick option) Yes No

Language, Literacy and Numeracy (LLN) Statement

Evolution Training and Safety is committed to supporting all of our students in successfully completing their selected qualification/s. As such we understand that some students require some level of LLN support. To assist us in ascertaining your LLN needs, Evolution Training and Safety will follow the following process:

- ◆ The student will complete a short questionnaire included with this enrolment form
- ◆ The trainer will determine the students LLN needs, and discuss this with the student if needed
- ◆ If additional support is required, the trainer will offer this support or make alternative arrangements
- ◆ If the student is unable to be supported, they will be withdrawn without charge or penalty

*LLN SELF ASSESSMENT - Please indicate if you need assistance or not (Tick option)

<input type="checkbox"/> I DO NOT require any LLN assistance	<input type="checkbox"/> I DO require assistance in LLN
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*Student Agreement/declaration

On completion of this course I give consent to Evolution Training and Safety to forward my course attainment and/or disclose assessment results and relevant information to my employer, job agency or third party training provider.

I agree not to hold Evolution Training responsible for loss, damage to property or for injury or death of any omissions on behalf of the provider in a training program. Further, I agree to hold Evolution Training & Safety harmless against and from any and all such claims, losses and damage including legal fees

I declare I have read and understood all information in the Student Information Handbook which I have access to. I am happy for Evolution Training & Safety to contact me from time to time in regards to courses and training.

Agreement:- This is an agreement between the RTO (Evolution Training & Safety) and myself that if deemed competent upon completion of the chosen competencies and the submission of my Unique Student Identifier (USI) I will receive a Nationally Recognised Qualification.

For information about how Evolution Training & Safety collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Evolution Training & Safety Student Handbook which can be found at <http://evolutiontraining.edu.au>

I certify that the information stated on this enrollment form is true and correct.

By signing this form I agree to the vocational placement arrangements used by Evolution Training & Safety

*Signature		*Date	
Parent /Guardian Signature (if student under 18 years old)		Date	

Traffic Controller Suitability - Self Assessment (version 3.1)

The purpose of this self assessment is to ensure that the applicant's physical and other related abilities meet the inherent requirements for the role of a traffic controller. The following criteria have been provided to determine the suitability of the applicant to productively carry out the duties of the position safely, and to ensure there is no risk to the safety of other workers, the general public, equipment or products.

The Traffic Controller Suitability Self Assessment is treated as a confidential document. The personal information held in this form is stored securely and access is restricted to authorised personnel only. Evolution will retain this form on file and reserves the right to refer to the information in the event of an accident, sickness, injury or claim during the training program.

Suitability requirements

The function of a traffic controller is to direct traffic through and around worksites in a safe and efficient manner. To ensure your suitability to perform the role of a traffic controller, Evolution requires that you answer "Yes" to the follow criteria.

Statement	Yes	No
<input type="checkbox"/> I can stand in one place for long periods of time		
<input type="checkbox"/> I have good mobility and am capable of moving quickly to avoid an accident		
<input type="checkbox"/> I can lift, carry and place heavy objects of up to 18.5kg		
<input type="checkbox"/> I can work outside for long periods of time in extreme weather conditions		

Statement	Yes	No
<input type="checkbox"/> I have a history of back problems		
<input type="checkbox"/> I have a history of joint problems (eg, hip, knee, ankle, shoulder)		
<input type="checkbox"/> I have a history of heart or blood pressure problems		
<input type="checkbox"/> I have a history of hernias		

- * Do you have any medical condition that may impact upon your ability to carry out the tasks required of a traffic controller safely?

(read medical fitness information in the Course information E-mail) you recieved)

YES NO (Tick one)

- * Have you been found guilty of an offence in the last 10 years that may disqualify you from obtaining a DTMR Accreditation?

(read criminal history information in the Course information E-mail) you recieved)

YES (Contact training team) NO (Tick one)

Additional requirements Transport & Main Roads requires that you:

Criteria	Yes	No
<input type="checkbox"/> have held a Driver licence other than a learner licence in the last five (5) years		
<input type="checkbox"/> have good eyesight ie: read a number plate at 20 m, distinguish a vehicle at 150 m, distinguish a red disk of 450mm diameter from a yellow disk of 450mm diameter at a distance of 250 meters,		
<input type="checkbox"/> have good hearing		
<input type="checkbox"/> have clear speech		
<input type="checkbox"/> have good mobility and endurance		
<input type="checkbox"/> can move quickly to avoid vehicles		
<input type="checkbox"/> can stand for two (2) hours without a break		
<input type="checkbox"/> have sound literacy and numeracy skills (eg. be able to fill out an accident report)		
<input type="checkbox"/> pass a criminal history check. Disqualifying offences may include convictions for: assault o drug offences o serious traffic offences o fraud		

If you answer "No" to any of the questions above, you may not be eligible to apply for accreditation as a traffic controller.

For further information on these requirements, go to www.tmr.qld.gov.au

DECLARATION – Any misrepresentation of facts in this application could be cause for training to be terminated and all fees paid forfeited.

1. I declare that the information contained in this application is, to the best of my knowledge, true and correct at the time of completing this form.
2. I am not receiving any payment or treatment associated with an existing workers' compensation claim.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

This completed form is to be submitted to your trainer prior to the commencement of the course.

A language, literacy and numeracy assessment aims to give Evolution Training an idea of your literacy level. This is important because it assists us in determining if you have the appropriate level to undertake a course with Evolution and or gives us an indication of how much assistance the trainer may need to give. This indicator tool will remain a document in confidence, the results will be only disclosed to the relevant trainer/assessor and administration staff of Evolution Training.

NOTE: This form must be completed by the candidate. Should any assistance be given by another person, they must complete the section below stating name and what type of assistance was given. (ie I read the questions to the candidate)

Name and what assistance given

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Candidates Name

--

Candidates Email Address

--

Candidates Mobile Phone Number

--

Training Location

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Skills being tested: Reading and numeracy indicator
ACSF levels being tested 3

Question 1
In approximately 30 words or less, describe something that you have learnt recently;

Question 2
In approximately 30 words or less, describe what skills you would like to develop?

Question 3**Do you have difficulty interpreting general signs and symbols? Please tick**YES NO SOMETIMES **Question 4****Do you have difficulty sending a basic text message and or turning on a computer? Please tick**YES NO SOMETIMES **Question 5****Do you have difficulty adding and subtracting monies required to buy basic household items?
Please tick**YES NO SOMETIMES **Question 6****Do you have difficulty filling out/understanding your time sheet? Please tick**YES NO SOMETIMES **Question 7****Do you have difficulty using a calculator whilst performing basic addition, subtraction,
multiplication and division? Please tick**YES NO SOMETIMES

Question 8
Do you have difficulty understanding/reading a weekly school/work roster? Please tick

YES

NO

SOMETIMES

Question 10
Do you have any difficulty reading a risk assessment, government or technical document?
Please tick

YES

NO

SOMETIMES


Question 11
A container holds 20 pineapples. At the end of a day a fruit picker had filled 10 containers. How many pineapples had the picker picked for the day? Please tick


20 x 10 = 30


20 x 10 = 200 You may use a calculator to solve this

20 x 10 = 10

Question 12
Which sign below indicates you must wear hearing and eye protection, while in the area?
Please tick







Question 13
Four (4) bags of top soil at \$3.50 each, would cost more than three (3) bags of topsoil at \$5.00 each
Please tick

TRUE FALSE You may use a calculator to solve this

Question 14

You are in a group that has eaten at a restaurant, and the total bill is \$100.00.

You need to pay 10% of the total amount. How much will you need to pay? Please tick

\$25.00

You may use a calculator to solve this

\$100.00

\$10.00

Question 15

You start work at 7.30 am, and your supervisor informs you on arrival that your breaks will be every 2 hours. What times will your breaks be? Please tick




9.30am & 11.30am

8.30am & 11.30am

7.30 am & 11.30am

Question 16

Match the following words with the correct picture

		Forklift
		Beacon
		Hard Hat

Question 22

Geoff completed school at the age of seventeen and wanted a job that would allow him to work all around the world. Geoff is now nineteen years of age and is considering a career in the hospitality industry. Geoff prides himself on being naturally friendly. He likes to cook meals at his home for his friends and family. He is looking at gaining the appropriate training to ensure that he can obtain chef qualifications. He wants to attend a one year course to become a qualified chef.

Geoff is _____ years old. Geoff was _____ when he left school.

Geoff likes to _____ meals at home for his friends and family. The duration of the course Geoff wants to attend is _____ year. Geoff prides himself on being naturally _____.

Assessor Summary Notes to Trainer

* Candidates Name	
* Candidates Signature	
Course Enroled in	
Trainers name	

Does the candidate require assistance	YES	NO	SOME
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Action Plan / Strategy for student requiring some assistance

Assessors/interviewer Signature

Assessors Name			
Assessors Signature		Date	

Media Consent Form

This consent form applies to all students and staff of Evolution Training and Safety Pty Ltd

The Privacy Amendment Act 2001 imposes obligations upon organisations collecting personal information to protect that information.

Evolution Training and Safety Pty Ltd carries out ongoing marketing and communication activities to maintain a positive profile.

Images of individuals in photographs or film are treated as personal information under the Privacy Act where the person's identity is clear or can reasonably be worked out from that image.

Photos, video footage and work samples of students are used regularly by Evolution Training and Safety Pty Ltd for a number of purposes and under current legislation this practice can continue. These situations are generally for the purpose of acknowledging the efforts of the student or Evolution Training and Safety Pty Ltd, or for promotion of Evolution Training and Safety Pty Ltd.

Consent

Written consent will be sought from a student to identify them (by image or name) for marketing and/or promotional purposes.

The student will be required to complete and sign the Evolution Training and Safety Pty Ltd Media Consent Form.

This consent, once given, will be amended or revoked only upon receipt of written notification from the student who gave it originally.

A student should notify Evolution Training and Safety Pty Ltd immediately if any circumstance arises that would prevent Evolution Training and Safety Pty Ltd using a student's photo, video images or work samples.

Remuneration

No remuneration is offered to students for whom consent is given to take part in marketing or promotional activities whether at the office, training premises or work placement site.

Copyright

At all times ownership of any material obtained from the above activities will vest with Evolution Training and Safety Pty Ltd.

Consent Given

I give permission for photos, video/audio and samples of work created or contributed to by the person below to be used without remuneration or compensation in publications (print, websites, social media) and/or presentations sanctioned by Evolution Training and Safety Pty Ltd.

Purpose

This consent applies to any use, recording or disclosure of the individual’s name, recording or image, individual work and personal information, including but not limited to:

- Any activities engaged in during the ordinary course of the provision of education and training including graduation ceremonies and workshops
- Assessment of students and other purposes associated with the provision of education;
- Public relations, promotion, advertising, media and commercial activities;
- Use by the media in relation to activities that show the Individual in a positive light, e.g., scholarships
- Any other activities as sanctioned by Evolution Training and Safety Pty Ltd

Duration

I acknowledge that the material may continue to be used for a number of years, even once the person’s enrolment has ceased and that some of the products in which the material is used may have extended longevity.

Understandings

- ‘Use’ includes: to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion;
- and to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet, in whole or in part, and to permit other persons to do so.

Signed

Name of Person:

Address:

Tel: _____

Email: _____

Signature: _____ Date: _____

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Amendment Act 2001 (Cwlth)