



ENROLMENT FORM

Instructions:

This form is to be used by prospective learners who wish to enrol in a course of study with Sprout Training (RTO code 45247). Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to comply with the Total Vet Activity reporting requirements for registered training organisations.

When complete, print this form and submit it:

By email to: training@sprout.edu.au

In person to: Sprout Training, 89 Sir Donald Bradman Drive, Hilton, 5033, SA

We will review the form and contact you to confirm your enrolment. If you have questions about this form or you require assistance to complete it, please contact us on: (08) 8443 4343.

Course details – what do you want to study?

Course reference number:

Full course

I wish to enrol in the **whole** course (which includes the four (4) units listed below):

DRAAFA001 Apply awareness of food allergies in food preparation environments

DRAAFI001 Apply awareness of food intolerances in food preparation environments

DRAARP001 Apply awareness of religious and personal preferences in food preparation environments

DRAACD001 Apply awareness of coeliac disease in food preparation environments

I understand:

- Sprout Training will issue me a Statement of attainment for the completion of *10248NAT Course in Dietary Requirement Awareness and Safety* if I successfully complete all four (4) units.
- Sprout Training will issue me a Statement of attainment for the partial completion of *10248NAT Course in Dietary Requirement Awareness and Safety* if I successfully complete some but not all the above selected units.

How did you hear about this course?

Please specify:

Personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	Given name/s			DOB	/	/	

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Residential address (this is not to be a PO Box)

Address					
City/Town		State		Postcode	

Mailing/postal address (if different from residential address)

Address					
City/Town		State		Postcode	

Contact details

Home phone		Mobile	
Email			

Unique Student Identifier (USI)?

(You must quote your USI to enrol. If you do not have a USI, please go to www.usi.gov.au for further information and to create your USI)

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Your emergency contact

Name					
Relationship	<input type="checkbox"/> Friend	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent	<input type="checkbox"/> Relation	<input type="checkbox"/> Spouse/partner
Home phone		Mobile		Work phone	

Language and cultural diversity

Are you of Aboriginal/Torres Strait Islander origin? <i>(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other <i>(please specify)</i> _____	
Do you speak a language other than English at home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(please specify)</i> _____	
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

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

Schooling		
Are you still attending secondary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your highest COMPLETED school level? <i>(Tick ONE box only)</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In what year did you complete that school level?	_____	

Previous qualifications		
Have you SUCCESSFULLY completed any of the following qualifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , then tick ANY applicable boxes	<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV (or Advanced certificate /technician)
	<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Certificate III (or Trade Certificate)
	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate I
		<input type="checkbox"/> Other certificate type

Employment status	
Of the following categories, which best describes your current employment status? <i>(Tick ONE box only)</i>	
<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employee – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Not employed – not seeking employment
If you are employed where do you work?	_____
If applicable, what is your job title?	_____

Study reason

Of the following reasons, which BEST describes your main reason for undertaking this course? *(Tick ONE box only)*

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

Current relevant skills and knowledge

Do you believe that you have some skills and/or knowledge relevant to the course you are enrolling in that you have gained through any form of learning e.g. qualifications, in house professional development, work-related activities, leisure activities, volunteer work etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes , would you like to be assessed to determine if you are eligible for recognition of that learning towards the course? <i>(You must indicate this now rather than after enrolment or commencement.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide brief details about those skills and/or knowledge and an assessor will contact you to discuss your circumstances and the recognition process and/or any impact on your studies:

Skills/knowledge	How obtained?	When obtained?

Learning support – how can we help you succeed?

Some students need a bit of support to successfully complete the course. Where possible, we will provide the support you need. However, in some cases we may not have the facilities and resources to effectively help you. We will discuss your support needs with you before you commence and if we cannot give you the support you need, we will talk to you about available options.

Have you needed support to successfully complete other courses or to do your job? For example, have you needed extra time to complete tasks, asked for additional help from your trainer or manager, asked someone to read a document or procedure to you, needed to sit down instead of stand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you think you might need support to successfully participate this course? For example, do you think you might need extra time to complete tasks or additional help from the trainer or help to write answers or help to read the course material or large print material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please tell us how you think we can help to successfully participate in the course:

<input type="checkbox"/> Give me extra time to complete written tasks <input type="checkbox"/> Help me to write answers <input type="checkbox"/> Give me extra time to read course material <input type="checkbox"/> Read course materials to me	<input type="checkbox"/> Offer large print material <input type="checkbox"/> Offer extra help from the trainer <input type="checkbox"/> Allow me additional time to move around the training rooms <input type="checkbox"/> Let me sit down whenever possible	<input type="checkbox"/> Minimise how often I have to move <input type="checkbox"/> Minimise the distance I have to move <input type="checkbox"/> Other support – please tell us the support you need: <hr/>
<input type="checkbox"/> I'm not sure, please help me to identify the support I need.		

Payment details

- Course price:** \$899 per/person (GST included)
 *Early bird discount = 5% discount when booking 12 weeks in advance

Select your payment method:

Credit card: Visa Mastercard
 Name on card: _____ Card verification code: _____
 Card number: ____/____/____/____ Card Expiry: ____/____

Direct deposit. Please transfer your course fees to our bank:
 Bank Account: Sprout at Work Pty Ltd BSB Number: 085-458 Account Number: 76-381-6892
*Please be sure to put **your last name** as the reference when making the deposit so we can track your payment.*

Cash. We will be in contact with you.

Completing this form

Did someone help you with this form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who helped you:		
<input type="checkbox"/> Parent/carer	<input type="checkbox"/> RTO representative	
<input type="checkbox"/> Employer/work mate	<input type="checkbox"/> Someone else. Who? _____	
<input type="checkbox"/> Friend	<input type="checkbox"/> I'd rather not say who helped me	
If yes, how did they help you:		
<input type="checkbox"/> They read the form to me	<input type="checkbox"/> They filled in the form to me	<input type="checkbox"/> I'd rather not say how they helped me

Declaration

To be completed by student if 18 years or older or guardian/representative if student not 18 years or older.

- I understand that information contained in this form may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring.
- I certify that all details provided on this form are correct.
- I have accessed and understood information about the course at www.sprout.edu.au.
- I have accessed the Student Handbook at www.sprout.edu.au and acknowledge that I have read and understood its content, including student rights and obligations.
- I have accessed information about the fees applicable to this course at www.sprout.edu.au understand the fee schedule and my payment obligations.

Student name			
Student signature		Date	