



# 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](mailto: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	/	/	

**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](http://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
Do you wish to have your language, literacy and numeracy (LLN) skills assessed to ensure your LLN skills are at the required for the course in which you are enrolling?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

**Disability**

Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>yes</b> , please specify the areas of disability, impairment or long term condition:	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Vision <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 <b>yes</b> , 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? <i>(Tick ONE box only)</i>	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing skills <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <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.

Yes

No

**If yes**, would you like to be assessed to determine if you are eligible for recognition of that learning towards the course? *(You must indicate this now rather than after enrolment or commencement.)*

Yes

No

**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?

Yes

No

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?

Yes

No

**If yes**, please tell us how you think we can help to successfully participate in the course:

Give me extra time to complete written tasks

Help me to write answers

Give me extra time to read course material

Read course materials to me

Offer large print material

Offer extra help from the trainer

Allow me additional time to move around the training rooms

Let me sit down whenever possible

Minimise how often I have to move

Minimise the distance I have to move

Other support – please tell us the support you need:

I'm not sure, please help me to identify the support I need.

## Payment details

- Course price:** \$1200 per/person (or \$1140 with early bird discount\*)
- Discounted student price:** \$1000 per/student (or \$950 with early bird discount\*)
- \*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?

Yes

No

**If yes**, who helped you:

- Parent/carer     RTO representative  
 Employer/work mate                                       Someone else. Who? \_\_\_\_\_  
 Friend     I'd rather not say who helped me

**If yes**, how did they help you:

- They read the form to me       They filled in the form to me       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](http://www.sprout.edu.au).
- I have accessed the Student Handbook at [www.sprout.edu.au](http://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](http://www.sprout.edu.au) understand the fee schedule and my payment obligations.

**Student name**

**Student signature**

**Date**