



Application for Program Placement

- A. PLEASE fill out all relevant sections and print clearly in blue or black ink.
- B. Documentation may be requested to verify educational/ industry experience, but please do not attach extra documents to this application.

Program you are applying for:

Program No.: _____ Program Name: _____

Personal details:

Title: _____ Family name: _____

Given names: _____

Sex: (Tick ONE box only) Male Female Birth date (DD/MM/YYYY) / /

What is the address of your usual residence?

Building/property name: _____

Flat/unit number: _____ Street number _____ Street name _____
Suburb _____
/town: _____ State/territory: _____ Postcode: _____

What is your postal address? (if different to above)

Building/property name: _____

Flat/unit number: _____ Street number _____ Street name _____
Suburb _____
/town: _____ State/territory: _____ Postcode: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____ Fax: _____

Next of Kin Information (for emergency purposes):

Name & Relationship: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Office Use	
Student ID:	_____
Training Contract ID:	_____

Language and cultural diversity

In which country were you born? Australia (yes)
Other (please specify) _____

Do you speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

No, English only

Yes, other – please specify _____

How well do you speak English?

Very Well

Well

Not well

Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

Yes

No

If you indicated the presence of a disability, impairment or long term condition, please select the relevant areas in the following list: ○

- | | |
|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Other (specify): _____ | |

Other Special Needs

Do you have any other special needs we need to be aware of? (You may indicate more than one.)

Yes No

If you require special assistance, please provide details below and/or attach details of assistance required to ensure appropriate support can be considered.

Do you have any other special needs and/or requirements to successfully compete this course?

Schooling

What is your highest COMPLETED school level? (Tick ONE box only.)

- | | |
|--|--|
| <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 which YEAR did you complete that school level? _____

Are you still attending secondary school?

- Yes
 No

Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?

- Yes
 No

If YES, then tick any applicable boxes.

- | | |
|--|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate III or trade certificate |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificates other than the above |

Employment

Of the following categories, which BEST describes your current employment status?

- | | |
|---|--------------------------|
| Full-time employee | <input type="checkbox"/> |
| Part-time employee | <input type="checkbox"/> |
| Self employed – not employing others | <input type="checkbox"/> |
| Employer | <input type="checkbox"/> |
| Employed – unpaid worker in 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 | <input type="checkbox"/> |

Secondary Education

Have you previously undergone a Traineeship or Apprenticeship?

- Yes No

Company name: _____

Qualification/Title _____

Year commenced: _____ Apprenticeship/Trainee No.: _____

Did you obtain a qualification while an apprentice or Trainee? Yes No

Level: _____ Qualification: _____

Credit sought? Yes No

Are you currently undertaking other study? Yes No

Qualification: _____

Comments: _____

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons (Please record reason below)

Other reason:

Recognition of Prior Learning

Blended Learning International recognises that learning can occur through formal or informal training, through work or through life experience. Blended Learning International formally recognises this learning through a process called Recognition of Prior Learning. If you wish to apply for **RPL ONLY** please complete the RPL Application Form. Please note that for any gap training required an additional fee will apply. Fees are available from the RTO Office. **OR** if you wish to apply for **RPL AS PART OF THE PROGRAM** for which you are applying, please continue to complete this form. In both cases you will need to supply relevant Diplomas or Certificates or Statements of Attainment (for mutual recognition), or references from former teachers, employers or other appropriate persons. You may be required to attend an informal interview as part of the process. Our academic staff will then assess this application and you will be advised of their decision. Decisions can be appealed. Please refer to the Complaints and Appeals Management Policy available from the Blended Learning Office.

Privacy statement

The Information you provide remains confidential and is used for administration and program reporting. Blended Learning International may use this information to notify you of future events and programs.

If you do not wish to receive this information, please tick this box.

Application declaration

Under its national reporting obligations Blended Learning International may be required to supply information collected on this form to a Territory, State or Federal Government.

Make sure that you have fully answered all the questions above before signing the form.

I declare that the information I have provided on this form is true and correct

Signature: _____ Date: _____

Please return this completed form to:

Blended Learning International

By Post: GPO Box 1097, Canberra City, ACT 2601

By Email: scan and email to apply@blendedlearning.com.au

By Hand: Suite 5, Ground Floor, 54 Marcus Clarke St, Canberra,

(Office hours: 9:00 am to 5:00 pm – Monday to Friday)

Thank you for your application.
