

FAX BACK TO CCS ON (07) 3844 5502 OR EMAIL TO info@ccsol.com.au		
Given Name	.....	Surname
Home Address	..... ..... .....
Home Telephone	.....	Mobile
Work Telephone	.....	Date of Birth / /
Email Address <i>(please register your email addresses for assessment purposes)</i>	Home:	
	Work:	
Male/Female	.....	Dietary Requirements eg. Vegetarian
Country of Birth	.....	Main Language Spoken
Year Arrived in Australia	.....	Aboriginal/Torres Straits Islander? () yes () no
Citizen/resident Status	<i>Australian, New Zealander, Student Visa, Temporary Resident Visa, Visitor's Visa, Other</i>	
Employed	() full time () part time () unemployed	
<i>(if employer funded)</i> Organisation	.....
Position	.....
Approved By	Name:	
	Position:	
	Signature:	
Postal Address	..... .....
	.....	Telephone
Highest level of education achieved	.....	Year Achieved
Do you wish to apply for Recognition of Prior Learning? () yes () no		
Do you need special assistance to complete your course successfully? () yes () no		
If yes, do you have	Language Needs () Yes () No Literacy Needs () Yes () No Numeracy Needs () Yes () No Or other If yes, nominate your requirement – ie learning assistance, carer, interpreter, wheel chair access	
Attendance	() full time () part time () external / self paced	

