



**ADVANCED CAREERS COLLEGE
STUDENT WAITING LIST FORM**

PERSONAL DETAILS

Mr / Mrs / Ms / Miss Surname: _____ Given Name/s: _____
 Gender: Male Female Date of Birth: _____
 Residential Address - Street: _____
 City/Town: _____ State: _____ Postcode: _____
 Home Phone: _____ Work Phone: _____ Mobile: _____
 Email: _____
 Mailing Address (if different to residential): _____
 City/Town: _____ State: _____ Postcode: _____
 State type of Identification shown: _____

COURSE/S

Code	Qualification Title	1 st Preferred Start Date	2 nd Preferred Start Date	1 st Preferred Mode of Study	2 nd Preferred Mode of Study

Do you intend to apply for Recognition of Prior Learning (RPL)? YES NO (Note: If Yes Request for RPL form)

EDUCATION

Are you still at school? YES NO If not, what is your highest completed school level? _____
 Have you completed or attempted further study after leaving school? YES NO
 If yes, in what year did you undertake this study? _____

If yes tick applicable boxes:

	Attempted	Achieved		Attempted	Achieved
Trade Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Advanced/Tech. Cert	<input type="checkbox"/>	<input type="checkbox"/>
Associate Diploma	<input type="checkbox"/>	<input type="checkbox"/>	Undergraduate Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Degree/Post Grad Cert.	<input type="checkbox"/>	<input type="checkbox"/>	Other Cert (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGE/CITIZENSHIP/ETHNICITY

In which country were you born? (If other please specify) Australia Other _____
 Do you speak a language other than English? YES NO
 If Yes, please specify _____
 How well do you speak English? Fluent Well Not Well Not at All

SPECIAL NEEDS

Do you consider yourself to have a disability, impairment or long term condition? YES NO
 If Yes, please specify: _____
 Do you require assistance for your training because of this disability, impairment or long term condition?
 YES NO If Yes, please specify: _____
 Do you require assistance with language and literacy? YES NO

Letter of confirmation sent	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Entered into relevant database	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Follow up phone call made	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Follow up interview arranged	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Enrolment completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>

