

APPLICATION FORM

PERSONAL DETAILS

Surname:	
Given name:	
Date of Application:	
Date of Birth:	
Gender :	Female / Male
Residential Address:	
Suburb:	Post Code:
Tel:	
Mobile:	
Email:	

COURSE DETAILS

Training Course

- Full time Course date: _____
- Part time Course date: _____

NATIONALLY RECOGNISED TRAINING REQUIRED INFORMATION: (Vocational Training Applicants Only)

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications?

Bachelor Degree or Higher Degree	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>
Diploma (or Associate Diploma)	<input type="checkbox"/>
Certificate IV (or Advanced Certificate /Technician)	<input type="checkbox"/>
Certificate III (or Trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Certificate other than the above	<input type="checkbox"/>
No, I did not complete any of these qualifications	<input type="checkbox"/>

EMPLOYMENT

Of the following categories, which BEST describes your current employment status? (tick ONE box only)

EMPLOYED

- Full-time employee
- Part-time employee
- Self employed - not employing others
- Employer
- Employed - unpaid worker in a family business

UNEMPLOYED

- Unemployed - seeking full-time work
- Unemployed - seeking part-time work

NOT IN THE LABOUR FORCE

- Unemployed - seeking part-time work

HIGH SCHOOL

Still at School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did not go to school <input type="checkbox"/>		
Highest Completed School Level:	Yr 8 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>	Yr 12 <input type="checkbox"/>
What year did you finish the above level?					

LANGUAGE AND CULTURAL DIVERSITY

Are you Aboriginal or Torres Strait Islander?

No Yes, Aboriginal

Yes, Torres Strait Islander Yes, Both Aboriginal and Torres Strait Islander

Country of Birth _____

Main language at home is English? Yes No

Main language other than English spoken at home is _____

How well do you speak English? (Please circle)

Poor Below Average Average Good Excellent

DISABILITY

Do you consider yourself to have a disability, impairment or long term condition? (Tick ONE box only)

None	<input type="checkbox"/>	Hearing/Deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	Other	<input type="checkbox"/>

STUDY REASON

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

JOB RELATED

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 of my job

I wanted extra skills for my job

FURTHER STUDY

To get into another course of study

OTHER

For personal interest or for self-development

other reasons

APPLICATION FORM

REASON FOR APPLICATION

(reasons for selecting a Phoenix TESOL Teacher Training course, expectations and long term goals).

Training/Work Experience: Provide details of your ELT experience (countries, schools, dates, age ranges, levels, materials you are familiar with). Attach another sheet if necessary.

PAYMENT METHOD

Paid cash on application

Cheque for \$200 attached

Bank transfer confirmation for \$200 attached

Credit Card (3.75% surcharge will apply)

Master Visa

Card number:

Amount paying:

Expiry date: CCV#:

(CCV# is the last 3 digits located next to the signature panel on the back of the credit card)

DECLARATION:

I _____, declare that the information supplied in this application and supporting documentation is true and complete. I confirm that I have read and understood the Conditions of Enrolment. I give permission to use my records for the purpose of reporting under AVETMISS requirements.

Applicant's signature _____

Date _____