



Diploma of Conservation and Land Management – enrolment form Studies in Landcare and Natural Resource Management

I have enclosed payment of \$250 for module 1 (cheques payable to Industry & Investment NSW)

Signature: _____ Date: _____

Please charge payment to my credit card. My full card number is:

Circle one logo



Name on card: _____ Expiry date: _____

Signature of cardholder: _____

Applicant

Surname (family name) _____ Given names _____
(Please print clearly, as this information will be used for any qualifications issued)

Preferred name: _____ male female

Date of birth:/...../.....

Residence

Home/postal address: _____

_____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Mobile phone: _____ Email address: _____

Language and cultural diversity

In which country were you born? Australia Other – please specify _____

Do you speak a language other than English at home? (If more than one language, indicate the one spoken most) No Yes – 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? (For persons of both Aboriginal and Torres Strait origin, tick both ‘yes boxes) No Yes, Aboriginal Yes, Torres Strait Islands

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick the areas which apply (you can tick more than one)

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

Schooling

What is your highest COMPLETED school level? (tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> completed year 12 | <input type="checkbox"/> completed year 11 | <input type="checkbox"/> completed year 10 |
| <input type="checkbox"/> completed year 9 or equiv | <input type="checkbox"/> completed year 8 or lower | <input type="checkbox"/> did not go to school |

In which YEAR did you complete that school level? _____

Have you SUCCESSFULLY completed any of the following qualifications?

- Yes No – go to next section

If YES, then tick ANY applicable boxes

- | | |
|---|---|
| <input type="checkbox"/> 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 cert / 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 |

Employment

Which BEST describes your current employment status? (tick one box)

- | | |
|---|--|
| <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"/> 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 |

I certify that the above information is correct. I understand that it may be used for statistical purposes.

Signature of student: _____ Date: _____

Please forward this application, along with the course fee to:

The Course Secretary, External Courses

Total College, CB Alexander Campus, Paterson NSW 2421, Australia

- I do not wish to receive information on NSW DPI education activities and related products.

Student Privacy — Information on this form will be used by I&I NSW for student administration, program monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) or an authorised agency to meet legislative reporting requirements. It is necessary for you to provide this information for enrolment. Information provided will be held securely and disposed of securely when no longer needed. You may correct any personal details provided by contacting I&I NSW. An extended version of this statement is available on the I&I NSW website.

Version 6 – 09/09 JH

Office use only

Student no:	Receipt no:	Date rec'd:	Amount paid:	Notes:

Total College National Provider number: 91166

Phone: 1800 025 520

Fax: (02) 4938 5549

Email: info@total.com

Internet: www.total.com