



EMPLOYMENT

16) Of the following categories, which best describes your current employment status? (tick one box only)

- | | | | |
|---|--------------------------|------------------------------|--------------------------|
| 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 a family business | <input type="checkbox"/> | Unemployed – seeking FT work | <input type="checkbox"/> |
| Not employed – not seeking employment | <input type="checkbox"/> | Unemployed – seeking PT work | <input type="checkbox"/> |

STUDY REASON

17) Of the following categories, which best describes your main reason for undertaking this course? (tick one box only)

- | | |
|---|--------------------------|
| To get a job | <input type="checkbox"/> |
| To develop my existing business | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> |
| To try for a different career | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> |
| It was a requirement of my job | <input type="checkbox"/> |
| I wanted extra skills for my job | <input type="checkbox"/> |
| To get into another course of study | <input type="checkbox"/> |
| For personal interest or self-development | <input type="checkbox"/> |
| Other reasons | <input type="checkbox"/> |

PRIVACY NOTICE

The Australian Surf Lifesaving Academy will use the information provided by you on this enrolment form for the purpose of general participant administration, planning and communication. Information may also be submitted to the Department of Education & Training for research, statistical & internal management purposes only. In supplying the requested information, you have consented to the use of the information for those purposes. Information provided will be held securely. You may access, correct or amend your personal details by contacting training@surflifesaving.com.au or fax: (02) 9984 7199.

GENERAL

- ✓ I have read, understood and accept the organisational policies and procedures as outlined in the Participant Guide Yes No
- ✓ I have received information about the prerequisites for this course Yes No
- ✓ I believe I meet the prerequisites for this course Yes No

Student Signature:..... Date:

Parent/Guardian Signature:..... Date:.....
(If under the age of 18 years, this form must be signed by a parent/guardian)