



AUSTRALIAN INDUSTRY
GROUP

PARTICIPANT REGISTRATION

Creating Work Opportunities Through Skilling

Where did you hear about the course? _____

PERSONAL DETAILS

Title _____ First Name _____ Last Name _____

Gender _____ DOB _____ AGE _____

Mailing Address _____ Suburb _____ Post Code _____

Home Address _____ Suburb _____ Post Code _____

Phone _____ Mobile _____

Place of Birth _____

EMPLOYMENT STATUS

- Unemployed Length of time unemployed _____

Job Network Agency _____ Contact Name _____ Phone _____

Health care card Number _____

- Employed Hours per week _____
- Employer Name _____

Contact Person _____ Phone _____

TAFE COURSE

Course Name: _____

TAFE: _____

Course Fee _____

Start date _____

SPECIAL CONSIDERATION OR NEEDS

Disability Aboriginal or Torres Strait Islander Descent Non English Speaking Back Ground Young Person (13-21years) Mature Age (over 40)

Please return this form with completed TAFE Enrolment Form and Form 3 to:

Ai Group

Project Coordinator: Jody McAully

PO BOX 128 Spring Hill Qld 4004 or deliver to AI Group 202 Boundary Road Spring Hill.