

Enrolment Form

Please retain a copy of this form which is a tax invoice upon receipt of payment



TAX INVOICE

Dental Assistant Training Solutions P/L
 ABN 83 120 336 503 | RTO Registration ID 91426

For Office Use ONLY

Student ID: _____

Personal Details

Title _____ Last Name _____ Other Names _____
 Address _____ State _____ Postcode _____
 Phone (h) _____ Phone (w) _____ Mobile _____
 Email _____
 Date of Birth _____ Country of Birth _____

Employment

Full-time employee Part-time employee Casual employee Employer Unemployed – seeking employment

I am currently employed by

Experience I have a Certificate III in Dental Assisting qualification I am currently employed as a Dental Assistant
 I have a current Senior First Aid Certificate **Please attach copy of certificate/s to enrolment form**

Code	Course Name	Location	Start Date	Fee
				\$
				\$

To enrol, please provide Dental Assistant Training Solutions with the following information.

Are you:

an Australian citizen a permanent resident
 a New Zealand passport holder who has been in Australia for at least 6 months
 an Aboriginal a Torres Strait Islander

Are you from:

an English speaking background
 a non-English speaking background and speak English: very well
 well
 not well
 not at all

Do you have a permanent or significant disability that will require special assistance?

No Yes *Please indicate:* Hearing/deaf
 Acquired Brain Impairment Learning Mental Illness
 Intellectual Medical Condition Visual
 Physical Other _____

What level of qualifications have you achieved?

Bachelor Degree or Higher Degree Level
 Advanced Diploma or Associate Diploma
 Diploma Certificate IV Certificate III
 Certificate II Certificate I Miscellaneous Education

Which of the following best describes your reasons for undertaking this course/program?

For personal interest To get a job
 Career change For self development
 To get a better job or promotion To get into another course of study
 To develop my existing skills It was a requirement of my job

What is your highest completed school year?

Year 9 or lower Year 10 Year 11 Year 12

What year did you complete school?

Are you still attending school? Yes No

Protecting your privacy - Information submitted on this enrolment form may be used by Dental Assistant Training Solutions or other authorised organisations for the purposes of general student administration, communication, state and national reporting, program monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education Research (NCVER) and/or an agency authorised to undertake surveys. Information provided will be held securely and disposed of securely when no longer needed. You may access your personal information by contacting us on (02) 4929 7411.

Discount Voucher (Must be attached to form)	\$
Total Fee	\$

PAYMENT METHOD

Payment Plan
(Must be attached to enrolment form)
 Cheque or Money Order **(Please attach)**
 Please make payable to Dental Assistant Training Solutions
 Mastercard Visa

Name: _____

Cardholder Signature: _____

Card No: _____

Expiry Date: ____/____/____

Amount: \$ _____

Declaration by enrollee: I wish to undertake this program and have read, understood and accept the terms and conditions.

Signed: _____

Date: ____/____/____

SEND TO

Dental Assistant Training Solutions
 Level 1, 366 Hunter Street
 NEWCASTLE NSW 2300

E: contact@datraining.com.au
 F: 02 4929 2488