



**LANGUAGE and CULTURAL DIVERSITY**

In which country were you born?

<input type="checkbox"/> Australia	Australian citizenship / Residence status <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (please specify)	

**Are you of Aboriginal or Torres Strait Islander origin?***(For persons of both Aboriginal AND Torres Strait Islander origin, tick both YES boxes.)*

<input type="checkbox"/> NO	<input type="checkbox"/> YES, Aboriginal	<input type="checkbox"/> YES, Torres Strait Islander
-----------------------------	--	--

**Do you speak a language other than English at home?***(If more than one language, indicate the one that is spoken most often.)*

<input type="checkbox"/> NO, English only	<input type="checkbox"/> YES, other, please specify
---	---

**How well do you speak English?**

<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Very well	<input type="checkbox"/> Well
<input type="checkbox"/> Not well	<input type="checkbox"/> Not well at all	<input type="checkbox"/> Not well	<input type="checkbox"/> Not well at all

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

<input type="checkbox"/> Full-time Employee
<input type="checkbox"/> Part-time Employee
<input type="checkbox"/> Self-Employed – not employing others
<input type="checkbox"/> Employer - employing others
<input type="checkbox"/> Employed – unpaid worker in a 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

**SCHOOLING (Australian School - if not, please specify - eg; Sri Lanka, Malaysia etc)****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
<input type="checkbox"/> Completed Year 8 or Below	

**In which YEAR did you complete that school level?**

--

**Are you still attending secondary school?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

**PREVIOUS QUALIFICATIONS ACHIEVED****Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick applicable box.** YES  NO

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III
<input type="checkbox"/> Diploma Level	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Miscellaneous Education	<input type="checkbox"/> Certificate 1

**DISABILITY****Do you consider yourself to have a disability, impairment or long-term condition?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

**If YES, then please indicate the areas of disability, impairment or long-term condition***(You may indicate more than one area.)*

CONDITION	COMMENT (if necessary)	<input type="checkbox"/> Mental Illness	COMMENT (if necessary)
<input type="checkbox"/> Hearing/Deaf		<input type="checkbox"/> Acquired Brain Impairment	
<input type="checkbox"/> Physical		<input type="checkbox"/> Vision	
<input type="checkbox"/> Intellectual		<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Learning		<input type="checkbox"/> Other (please specify) eg: Literacy & Numeracy	

**STUDY REASON**

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

To get a job	<input type="checkbox"/> 01	It was a requirement of my job	<input type="checkbox"/> 06
To develop my existing business	<input type="checkbox"/> 02	I wanted extra skills for my job	<input type="checkbox"/> 07
To start my own business	<input type="checkbox"/> 03	To get into another course of study	<input type="checkbox"/> 08
To try for a different career	<input type="checkbox"/> 04	For personal interest or self-development	<input type="checkbox"/> 09
To get a better job or promotion	<input type="checkbox"/> 05	Other reasons	<input type="checkbox"/> 10

**Course Enrolment Details**

Please specify course date/s you wish to enrol in.

(To complete a Coxswain or Master 5/Skipper 3 course, you may need to enrol in Radio, Elements of Shipboard Safety and Radar. These short courses have separate dates which also need to be specified).

Course Name / Qualification Name	Course Date
<input type="checkbox"/> Master 4 <input type="checkbox"/> Skipper 2 <i>(Tutorial only by appointment)</i>	
<input type="checkbox"/> Master 5 <input type="checkbox"/> Skipper 3	
<input type="checkbox"/> Coxswain <input type="checkbox"/> Coxswain Engineering	
<b>ELEMENTS OF SHIPBOARD SAFETY – USL Code</b>	
<input type="checkbox"/> Apply First Aid (SFA) <input type="checkbox"/> Basic Fire Fighting (F.F.) <input type="checkbox"/> Personal Survival Technique (PST)	
<input type="checkbox"/> Marine Radio Operators Certificate of Proficiency (MROCP)	
<input type="checkbox"/> RADAR (Master 5 Level)	
<b>Marine Engine Driving:</b> <input type="checkbox"/> MED 3 <input type="checkbox"/> MED 2 <input type="checkbox"/> MED 1	
<input type="checkbox"/> DECKHAND – Certificate II in Seafood Industry (Fishing Operations)	
<input type="checkbox"/> GMDSS (Global Maritime Distress & Safety System)	
<b>AMSA REQUIREMENT FOR CERTIFICATE OF SAFETY TRAINING</b>	
<input type="checkbox"/> Apply First Aid (SFA) <input type="checkbox"/> Personal Survival Technique (PST)	
<input type="checkbox"/> Personal Survival and Social Responsibility (PSSR)	
<input type="checkbox"/> Basic Fire Fighting with Breathing Apparatus (FF w/BA)	
<b>NOTE</b> The above offered on certain conditions ONLY. The Elements of Shipboard Safety training under the USL Code does not cover all of the above.	
<input type="checkbox"/> Others (please describe)	

\* Please see form listing competencies given to you when enrolling for courses \*

**Certificate of Indemnity.**

This serves to certify that I

.....  
**Name of trainee** (AND name of parent or guardian if trainee under 18 years of age)

of address

.....

.....  
**Address of trainee** (ONLY Address of parent or guardian if trainee under 18 years of age)

hereby indemnify and exonerate Messrs. Seafood and Maritime Industries Training Ltd., its officers & staff, partners, servants, agents and/or representatives against any damages, claims and/or liabilities whatsoever whilst undergoing training in any courses or programs, including any excursions or field trips during the courses/programs, that the afore mentioned person has enrolled in with Seafood and Maritime Industries Training Ltd.

**I fully and wholly understand the conditions of enrolment at Seafood & Maritime Industries Training:**

- I have no objection to any photographs being taken during training & of any of these photographs being published.
- I have been advised of the Grievance & Appeal Procedure, Refund Policy and Privacy Policy per Student Handbook *and/or* website: [www.smit.com.au](http://www.smit.com.au) (Delete if objection recorded and signed by enrollee with reasons attached)

Signed: .....

**Signature of trainee**  
*(Or signature of parent or guardian if trainee under 18 year of age)*

Witness: .....

Full Name: .....

**Name of trainee**  
*(Or name of parent or guardian if trainee under 18 year of age)*

Name:.....

Date: .....

Date:.....

THIS PAGE IS LEFT BLANK ON PURPOSE

## Course Enrolment Declaration of Understanding

*(This document is to be returned to SMIT Front Desk)*

<b>Student Name</b>		<b>Identification Provided</b>	<input type="checkbox"/> Driver Licence <input type="checkbox"/> Medicare Card <input type="checkbox"/> Other _____
<b>Qualification</b>	<p><b>SEAFOOD TRAINING PACKAGE:</b></p> <input type="checkbox"/> SFI 31204 Certificate III in Seafood Industry (Fishing Operations – Coxswain) <input type="checkbox"/> SFI 32204 Certificate III in Seafood Industry (Fishing Operations – Marine Engine Driver) <input type="checkbox"/> SFI 33204 Certificate III in Seafood Industry (Fishing Operations – Master 5/Skipper 3) <p><b>TRANSPORT &amp; DISTRIBUTION TRAINING PACKAGE:</b></p> <input type="checkbox"/> TDM20207 Certificate II in Transport & Distribution (Marine Engine Driving – Grade 3) <input type="checkbox"/> TDM20307 Certificate II in Transport & Distribution (Coastal Maritime Operation – Coxswain) <input type="checkbox"/> TDM30207 Certificate III in Transport & Distribution ( Marine Engine Driving – Grade 2) <input type="checkbox"/> TDM30407 Certificate III in Transport & Distribution (Coastal Maritime Operation – Master 5)		
<b>Trainer/Assessor</b>	<input type="checkbox"/> Richard Teo <input type="checkbox"/> John McMaster <input type="checkbox"/> Other _____	<b>Course Date</b>	<b>From: To:</b>

I have read and understood the following elements in the Student Handbook, checklist and/or SMIT website:

- \* Enrolment procedure
- \* Pre-requisite requirements
- \* Eligibility requirements
- \* Assessment requirements
- \* Feedback on your assessment(s)
- \* Assessment appeal procedure
- \* Course fees
- \* Refund Policy
- \* Mutual Recognition Policy (including RPL)
- \* Privacy and confidentiality
- \* Access and Equity Policy
- \* Grievance Policy
- \* Health and Safety
- \* Discipline

I hereby declare that I have been provided with and understand all the relevant information and requirements regarding the training course I have enrolled.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
--------------	-------------------	--------------