

# Seafood & Maritime Industries Training Ltd

Phone : (08) 8981 0495

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ABN 21 0700 720 517

## Please Return to:

**By Post:**

S.M.I.T  
GPO Box 4119  
Darwin NT 0801

**By Fax:**

(08) 8981 4677

**In Person:**

Level 1 Darwin Shipstores Building  
Frances Bay Drive  
Fisherman's Wharf, Darwin

# Course Enrolment Form

Course Name:	Student ID No.
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Surname:	<b>SEX:</b> Male    Female
First Name :	<b>DATE of BIRTH</b> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; margin-top: 5px;">/    /    /</div>
Residential Address:	State                      Postcode
Postal Address:	State                      Postcode
Phone Home	Phone Work:
Mobile Phone	Fax:

Have you previously been enrolled at this institution?                      **YES**                      **NO**

**Your application is not valid and will not be processed if this form is not completed in full and/or if all required documentation is not attached.**

### DECLARATION and SIGNATURE.

I declare that the information provided by me in this application is correct and complete. I authorise SMIT to obtain / verify results from any educational institution attended by me. I consent SMIT assessing my progress and collecting, storing and disclosing to relevant authorities information relating to my admission to SMIT. I understand that SMIT reserves the right to vary or reverse any Offer of Admission made on the basis of incorrect or incomplete competencies/information.

SIGNATURE of APPLICANT \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE ONLY

COURSE DETAILS		PAYMENT DETAILS			
Course Name	Cert: SITP I, II, III, IV	Amount Paid	Details	Date Paid	Initials

INVOICING:                      Company Name: \_\_\_\_\_ Att: \_\_\_\_\_  
Students must provide an                      Postal Address: \_\_\_\_\_  
Authority from their employer.

**ALL FEES MUST BE PAID IN FULL BEFORE COURSE IS COMMENCED.  
PLEASE NOTE THAT WE ONLY ACCEPT CASH OR CHEQUE.**

# LANGUAGE and CULTURAL DIVERSITY

**In which country were you born?**

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

**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
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**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?**

**How well do you write 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 or lower

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

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**Are you still attending secondary school?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## PREVIOUS QUALIFICATIONS ACHIEVED

Have you **SUCCESSFULLY** completed any of the following qualifications?

YES  NO

If **YES**, then tick applicable box.

<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 Certificate/Technician)
<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificates other than the above

## DISABILITY

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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"/> 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 (please specify) eg: Literacy & Numeracy	

# 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	To enrol NOW! Course Starting Date	Already Gained (Please tick)	To enrol in the future (Please tick)	MARINE BRANCH ELIGIBILITY <u>COPY OF LETTER</u>
<input type="checkbox"/> Master 4				
<input type="checkbox"/> Master 5				
<input type="checkbox"/> Coxswain Full -time				
<input type="checkbox"/> Coxswain Engineering				
<input type="checkbox"/> Skipper 2				
<input type="checkbox"/> Skipper 3				
<input type="checkbox"/> Coxswain Part -time				
ELEMENTS OF SHIPBOARD SAFETY				
<input type="checkbox"/> Senior First Aid				
<input type="checkbox"/> Fire Fighting Onboard a Vessel				
<input type="checkbox"/> Survival at Sea				
<input type="checkbox"/> Marine Radio Operators Certificate of Proficiency (MROCP)				
<input type="checkbox"/> RADAR Master 5				
<input type="checkbox"/> RADAR Master 4				
<input type="checkbox"/> Marine Engine Driving Grade 3				
<input type="checkbox"/> MED 2				
<input type="checkbox"/> MED 1				
<input type="checkbox"/> DECKHAND – Certificate II in the Seafood Industry (Fishing Ops)				
<input type="checkbox"/> GMDSS				
<input type="checkbox"/> VET in Schools (specify programme)				
<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 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 have no objection to any photographs being taken during training, and of any of these photographs being published.\*

\*I have no objection to my performance and assessment/examination results being given to my employer and/or Government authority.\*

\*Delete if objection recorded and signed by enrollee\*

Signed: .....  
**Signature of trainee (or parent/guardian)**  
 (ONLY signature of parent or guardian if trainee under 18 years of age)

Witness: .....

Full Name: .....  
**Name of trainee (or parent/guardian)**  
 (ONLY name of a parent or guardian if trainee under 18 years of age)

Name: .....