



Training Course Enrolment Form
 10276NAT Course Community Justice Services
 (Commissioner for Declarations) or (Justice of the Peace
 [Qualified])



PLEASE PRINT CLEARLY IN BLOCK LETTERS

COURSE: <input type="checkbox"/> JUSDEC001: Perform the Duties of a Commissioner for Declarations <input type="checkbox"/> JUSJPQ001: Perform the Duties of a Justice of the Peace (Qualified) <input type="checkbox"/> Upgrade from Commissioner for Declarations to Justice of the Peace (Qualified) <input type="checkbox"/> Assessment for Commissioner for Declarations (for upgrade courses only)		PLEASE COMPLETE AND RETURN TO: training@qja.com.au OR PO BOX 8419 WOOLLOONGABBA QLD 4102			
Course Delivery: <input type="checkbox"/> Online				<input type="checkbox"/> Classroom Location: _____ Start Date: _____	
Entity Details (if applicable) If not applicable, proceed to the next section					
Business/Company/Entity					
ABN		Billing Contact/Approving Manager			
Postal Address					
Phone		Email			
Student Personal Details		Student Contact Details			
Title (Mr/Mrs/Ms etc)		Postal Address			
Given names		City/Town _____ Postcode _____			
Surname		Telephone			
Preferred Name for name tags/salutation		Mobile			
Unique student identifier number		Email			
Date of birth: ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific		Residential Address (if different from above)			
Country of birth		City/Town _____ Postcode _____			
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Both <input type="checkbox"/> Rather not disclose					
Which language do you speak at home?					
Proficiency in English <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Not good <input type="checkbox"/> Not at all					
Medical Conditions/Disability		Education History			
Do you have any disabilities or conditions that may impact on your studies? If yes, tick ANY of the applicable boxes: - <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		Are you still at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below Year Completed 20__ or 19__			
		Have you COMPLETED any tertiary qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If Yes <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree			
Employment Status					
<input type="checkbox"/> 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 full-time work) <input type="checkbox"/> Unemployed (seeking part-time work) <input type="checkbox"/> Not employed (not seeking employment) e.g. retired					
Study Reasons					
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To change careers <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> 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"/> For other reasons					

