

The Queensland Rifle Association

Enrolment form for 10618NAT – COURSE IN FIREARMS SAFETY

NOTE: Your attention is drawn to the following:

The Queensland Weapons Act states that in order to obtain a licence a person must be deemed a 'fit and proper person'. A person will automatically be deemed to not be a 'fit and proper person' if, in Queensland or elsewhere, within the previous 5 years:

- a) a person has been convicted of, or discharged from custody on sentence after the person has been convicted of any of the following offences:
 1. an offence relating to the misuse of drugs;
 2. an offence involving the use or threatened use of violence;
 3. an offence involving the use, carriage, discharge or possession of firearms; or
- b) a domestic violence order, other than a temporary protection order has been made against the person.

**** EVERY FIELD MUST BE COMPLETED ****

► PLEASE PRINT CLEARLY

1. PERSONAL DETAILS

Title	First Name	Middle Name/s	Family Name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth: / /	USI Number
Phone No.		Email	
Residential Address			
Suburb		State	Post Code
Postal Address			
Suburb		State	Post Code

2. LANGUAGE and CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)		
Do you speak a language other than English at home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify)		
How well do you speak English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	

3. MEDICAL CONDITION / 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.)		
<input type="checkbox"/> Hearing/deafness	<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

4. SCHOOLING

Are you still attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
What is your highest <u>COMPLETED</u> school level?	<input type="checkbox"/> Yr 12	<input type="checkbox"/> Yr 11	<input type="checkbox"/> Yr 10	<input type="checkbox"/> Yr 9	<input type="checkbox"/> Yr 8	<input type="checkbox"/> Never attended school
In which <u>YEAR</u> , did you complete that school level?					

5. PREVIOUS QUALIFICATIONS ACHIEVED

Have you **SUCCESSFULLY** completed any of the following qualifications? Yes No

If YES then please tick any of the applicable boxes.

- | | |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma or Associate Diploma | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above |

6. EMPLOYMENT

Of the following categories, which **BEST** describes your current employment status?

- | | |
|---|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

7. REASON FOR ATTENDING THIS COURSE

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

**** PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS OF THE FORM ****

PRIVACY POLICY

QRA acknowledges the importance you attach to information that identifies you (personal identifiers such as name, address, date of birth, email address). We are committed to protecting and managing the personal information you choose to share with our organisation.

Through providing this information, we seek to ensure that you will be able to deal with our organisation in full confidence that your personal information will only be used by us in the ways we have described to you, that it will be held securely, and when there is no longer any legitimate purpose in retaining such information it will be disposed of appropriately

I consent to QRA using the information I provide and they subsequently gather, for the purpose it was collected, to assist in the administration of products and services and to carry out all necessary activities associated with their operational business activities, workplace compliance and legal governance issues. I understand that my student details may be viewed as part of an audit process by government officials.

USI PERMISSION: student identifiers collected will not be used or disclosed by the QRA without the individuals authorisation except in certain prescribed circumstances, as provided for in the Bill or as may be authorised by the regulations.

I have read the policies and procedures within the Student Handout and course information sheets.

I certify that the information on this form is correct and that I understand and agree to the terms of this document.

Full Name **(PLEASE PRINT CLEARLY)**

Signature

Date

I am seeking the following licence (tick more than one if required):

- Category A and B
 Category C
 Category D
 Category H
 Category M (Crossbow)
 Category M (other)

Office use only - Receipt/Cert#

Date:

INSTRUCTOR use only

USI Permission granted

RPL granted

Instructor name: