

The Queensland Rifle Association

RTO 5308

Enrolment form for **11029NAT** – COURSE IN FIREARMS and WEAPONS 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: **(Extract Below:- Please refer to full document on Excluded Persons)**

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

*** EVERY FIELD MUST BE COMPLETED | PLEASE PRINT CLEARLY ***

PERSONAL DETAILS

TITLE **First Name:** **Middle Name:** **Family Name:**

GENDER Male Female Other

DATE OF BIRTH:

USI Number:

HOME PHONE:

WORK PHONE:

MOBILE:

RESIDENTIAL ADDRESS:

Suburb: **State:** **Postcode:**

POSTAL ADDRESS:

Suburb: **State:** **Postcode:**

EMAIL:

LANGUAGE AND CULTURAL DIVERSITY

In which country where you born? Australia Other - please specify:

Do you speak a language other than english at home? No Yes - please specify:

Are you of Aboriginal or Torres strait islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

MEDICAL CONDITION / DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION? Yes No

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

Hearing/deafness Physical Mental Illness Intellectual Acquired Brain Impairment

Learning Vision Medical Condition Other

SCHOOLING

Are you still enrolled in secondary or senior secondary education? Yes No

What is your highest COMPLETED school level? Yr 12 Yr 11 Yr 10 Yr 9 Yr 8 or below Never attended

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's 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 |

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"/> Self-employed – employing others | <input type="checkbox"/> Not employed – not seeking employment |

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

Under the Data Provision Requirements 2012, the QRA is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER)

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by the QRA for statistical, regulatory and research purposes. The QRA may disclose your personal information for these purposes to third parties, including: * SCHOOL – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; *EMPLOYER – if you are enrolled in training paid by your employer; *Commonwealth and State or Territory departments and authorised agencies; * NCVER; * Organisations conducting student surveys; and * Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes: * Issuing statements of attainment or qualification, and populating VET transcripts; * Facilitating statistics and research relating to education, including surveys; * Understanding how the VET market operates, for policy, workforce planning and consumer information; and * Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on the NCVER's website at www.ncver.edu.au)

I have read the policies and procedures within the Student Handbook and course information sheet, and I consent to the collection, use and disclosure my personal information in accordance with the Privacy Notice above.

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 of Student

____/____/____
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: