

Licence to Operate a Forklift Truck Application Form Please write clearly in Capital Letters

Tick all boxes where appropriate

Personal Details Family Name Given Name Title (tick box) Gender (tick box) Date of Birth (DD/MM/YYYY) Citizenship Passport Number Applicant's Address in Home Country Country Telephone Number Email Applicant Address in Australia Term 1 □ Term 2 □ Term 3 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term 1 □ Term 1 □ Term 2 □ Term 4 □ Term							
Personal Details Family Name Given Name Title (tick box)	Program Selection						
Family Name Given Name Title (tick box) Mr Mrs Ms Miss Other Gender (tick box) M F Country of Birth Date of Birth (DD/MM/YYYY) Citizenship Country of Birth Passport Number Applicant's Address in Home Country Country Postcode / ZIP Telephone Number Mobile Number Email Applicant Address in Australia				Term 1 □ Term 2 □ Term 3 □ Term 4 □			
Family Name Given Name Title (tick box) Mr Mrs Ms Miss Other Gender (tick box) M F Country of Birth Date of Birth (DD/MM/YYYY) Citizenship Country of Birth Passport Number Applicant's Address in Home Country Country Postcode / ZIP Telephone Number Mobile Number Email Applicant Address in Australia							
Given Name Title (tick box)	Personal Details						
Title (tick box)	Family Name						
Gender (tick box) Date of Birth (DD/MM/YYYY) Citizenship Passport Number Applicant's Address in Home Country Country Telephone Number Email Applicant Address in Australia	Given Name						
Date of Birth (DD/MM/YYYY) Citizenship Country of Birth Passport Number Applicant's Address in Home Country Country Postcode / ZIP Telephone Number Email Applicant Address in Australia	Title (tick box)	Mr □ Mrs □ Ms □ Miss □ Other					
Citizenship Country of Birth Passport Number Applicant's Address in Home Country Country Telephone Number Email Applicant Address in Australia	Gender (tick box)	M D F D					
Passport Number Applicant's Address in Home Country Country Telephone Number Email Applicant Address in Australia	Date of Birth (DD/MM/YYYY)						
Applicant's Address in Home Country Country Telephone Number Email Applicant Address in Australia	Citizenship	Country of Birth					
Country Postcode / ZIP Telephone Number Email Applicant Address in Australia	•						
Country Postcode / ZIP Telephone Number Mobile Number Email Applicant Address in Australia	• •						
Telephone Number Email Applicant Address in Australia							
Email Applicant Address in Australia	_						
Applicant Address in Australia		Mobile Number					
Australia							
	• •						
•	Country	Postcode / ZIP					
		Mobile Number					
Email							
Parent/Guardian Details							
Family Name Given Name	•			Given Name			
Parent / Guardian Address				Chata			
(If Applicant is under 18 years of age) State							
Country Postcode / ZIP	•						
'		Fax					
Mobile Number Email	Mobile Number			Email			
Emanger ov Contact Dataile	Francisco Contact Data	le .					
Emergency Contact Details		IS 		Cirrar Nama			
Family Name Given Name	i aiiiiy ivaiile			Given name			
Address State	Address			State	_		
Country Postcode / ZIP	Country						
Telephone Number Fax							
Mobile Number Email							





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Agency Contact Details					
Agency Name					
Address					
		State			
Country		Postcode / ZIP			
Telephone Number		Fax			
Mobile Number		Email			
Disability					
Do you have a disability that requires special consideration	Yes □ No				
If yes, please explain					
Student Health Cover					
Do you wish AEG to arrange OSHC for you	Yes □ No				
Education Qualification	on.				
Name of School	<i>7</i> 11				
Country					
Highest Level completed					
Award Received					
Are Certified Copies of your Academic Record Attached		Yes □ No □			
Name of School					
Country					
Highest Level completed					
Award Received					
Are Certified Copies of your Academic Record Attached		Yes □ No □			
Credit Transfer					
Recognition of Prior Learning (RPL)		Yes □ No □			
Credit Transfer (C/T)		Yes □ No □			
Applications for RPL and C/T must be accompanied by: • An official transcript of result from previous studies					

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Accommodation						
Do you want accommodation arranged for you	Yes □ No □					
If yes, what sort of accommodation (Extra charge occurs)	Homestay □ International Student Residence □					
Unique Student Identifier						
From 1 January 2015, AEG can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on a computer or mobile device.	Enter your Unique Student identifier (if you already have one)					
□ I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx □ I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.						
Authorisation						
- Additionation						
 Authorise AEG Pty Ltd to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998. Authorise AEG Pty Ltd to make relevant enquiries where necessary and in accordance with legislation regarding my academic qualifications and any work experience related to my application for undertaking a course of study. Understand that my information will only be released to third parties in accordance with legislation. Understand that I may at any time revoke my authorisation for AEG Pty Ltd to release my information to third parties by notifying AEG Pty Ltd and that implementation cannot be retrospective. I have read and understand the Student Handbook. 						
Signature of Applicant Date						



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Parent / Guardian Signature (as identified in this form) If applicant is under 18 years of age	Date				
Office Use Only (this section is only to be completed by AEG)					
Student ID:					
Student Accepted Offer:	Yes □ No □				
Commencement Date:					
Competency Completion Details Entered by:		Date			