



Participant Enrolment Form

The information on this form provides Mines Rescue Pty Ltd with the details required to accurately process your enrolment and issue nationally recognised training statements of attainment / qualifications. The information provided, forms part of your confidential student record kept by Mines Rescue Pty Ltd as per requirements of the Australian Quality Training Framework (AQTF) 2010. Please complete all requested information; if you have any questions please speak to your trainer/assessor. Where possible, please complete this form and return to the relevant Mines Rescue Station prior to commencement of training.

1 - PARTICIPANT & COURSE DETAILS (Must be completed for statements of attainment/qualifications to be issued)

GIVEN NAMES: <small>(as shown on your licence/passport)</small>		GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
SURNAME: <small>(as shown on your licence/passport)</small>		D.O.B: <small>(dd/mm/yy)</small>	
HOME ADDRESS: <small>(include street address & suburb)</small>		STATE:	
		POSTCODE:	
MOBILE PHONE:		PHONE:	
EMPLOYER:			
EMERGENCY CONTACT:		PHONE:	
COURSE NAME:			
TRAINING DATE/S:			
TRAINING LOCATION:			

Section 2 of the Participant Enrolment Form asks participants about their employment, educational & cultural background. This information contributes to demographic data that Mines Rescue is asked to provide annually to ASQA (the Australian Skills Quality Authority). The questions below also ask participants to indicate any special learning needs they may have. Providing this information allows our trainers & assessors to assist you throughout your training course to ensure relevant, accessible and high quality training for all of our participants. **Note – all information disclosed on this form comprises your confidential student record and is securely stored by Mines Rescue. Any participant data that is released to ASQA as part of our RTO reporting requirements remains anonymous.**

2 - PARTICIPANT DETAILS – (PART A): Language, Cultural Diversity & Special Needs

1. IN WHICH COUNTRY WERE YOU BORN?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: _____
2. WHAT LANGUAGE DO YOU MOSTLY SPEAK?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
3. 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
4. ARE YOU OF AUSTRALIAN ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?	<input type="checkbox"/> No	<input type="checkbox"/> Yes ▶ <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
5. DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION THAT MAY IMPACT ON YOUR LEARNING & ASSESSMENT ACTIVITY? <small>Learning needs may include vision or hearing impairments, learning & intellectual difficulties, mental illness or other medical conditions.</small> ! Please talk to your trainer/assessor so we can plan how to best assist you.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please indicate type of learning need below): <input type="checkbox"/> Hearing Impairment/Deafness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Mental <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Physical <input type="checkbox"/> Other: _____
6. DO YOU THINK YOU WILL REQUIRE ANY ASSISTANCE WITH LANGUAGE, LITERACY OR NUMERACY THROUGHOUT THE COURSE?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____ _____



2 - PARTICIPANT DETAILS – (PART B): Participant Health Screening

The information provided below will become part of your confidential student record kept by Mines Rescue as per requirements of the Australian Quality Training Framework (AQTF). Please be assured that confidentiality will be maintained. If you answer **YES** to **Q. 1, 2, 3, 4, 5, 6, 7 or 8** you will be required to provide additional information (which may include a doctor's clearance) to participate in the course. If you answer **YES** to **Q. 2, 3, 4, 5, 6, 7 or 8** and are uncertain of the procedure to follow, please talk to your trainer.

2 – HEALTH SCREEN QUESTIONS

CIRCLE ONE RESPONSE

		YES	NO	N/A
1.	Has a doctor recently advised you that you should avoid exerting yourself?			
2.	If you answered "YES" to Question 1, is the advice still valid?			
3.	Do you experience pain in your chest during physical labour?			
4.	Are you restricted to a light level of physical exertion due to breathing difficulties, e.g. limited to brisk walking or unable to climb a flight of stairs due to shortness of breath?			
5.	Does a physical injury or illness limit you in your ability to navigate safely around obstacles, uneven or slippery ground in situations of limited or zero visibility?			
6.	Do you suffer from moderate to severe headaches, frequent bouts of coughing, or any health problem that may be aggravated by heat, the prolonged use of breathing apparatus or physical exertion?			
7.	Are there any other concerns that you are aware of that Mines Rescue needs to know before you commence training?			
8.	Do you suffer from any medical condition, including any heart or lung disorder or disease, and are you aware of any other physical or mental conditions which could affect your ability to undertake concerted physical activity in differing environments such as closed spaces or at heights?			
9.	I am aware of my responsibility to advise Mines Rescue of any prescription or non-prescription drugs I may be taking.			
10.	Do you acknowledge that components of this training course may involve practical work with rescue equipment as well as physical exertion in conditions that could be mentally and physically stressful?			
11.	I have been made aware that I am to maintain a level of hydration during training and that I am to inform MRS Staff immediately if I am feeling any ill effects.			
12.	Do you acknowledge that in admitting you to the course the Mines Rescue does not assess your physical or mental condition or preparedness for the course but relies on your answers and statement above			
13.	I understand that prescription & non-prescription medications can impair body heat regulation and therefore cause heat illnesses			
14.	I understand in view of the above, that if I answer yes to any of the above questions of 2,3,4,5,6,7,8, I may be referred to my treating doctor for medical assessment and that I am liable for any costs incurred.			

COMMENTS



2 - PARTICIPANT DETAILS – (PART C): Educational & Employment History

<p>7. PLEASE TICK THE <u>HIGHEST LEVEL OF SCHOOLING YOU COMPLETED FROM THE LIST PROVIDED.</u> (Please tick one box only)</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Year 12 or equivalent</td> <td><input type="checkbox"/> Year 11 or equivalent</td> </tr> <tr> <td><input type="checkbox"/> Year 10 or equivalent</td> <td><input type="checkbox"/> Year 9 or equivalent</td> </tr> <tr> <td><input type="checkbox"/> Year 8 or below</td> <td><input type="checkbox"/> Never attended high school</td> </tr> </table>	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended high school				
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<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended high school										
<p>7A. WHAT YEAR DID YOU COMPLETE THAT LEVEL? _____</p>											
<p>8. WHERE RELEVANT, PLEASE TICK THE <u>QUALIFICATIONS YOU HAVE SUCCESSFULLY COMPLETED FROM THE LIST PROVIDED.</u> (Tick more than one if required)</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bachelor or Higher Degree</td> <td><input type="checkbox"/> Advanced Diploma / Assoc. Degree</td> </tr> <tr> <td><input type="checkbox"/> Diploma or Assoc. Diploma</td> <td><input type="checkbox"/> Cert. IV or Advanced Cert.</td> </tr> <tr> <td><input type="checkbox"/> Cert. III or Trade Cert.</td> <td><input type="checkbox"/> Certificate II</td> </tr> <tr> <td><input type="checkbox"/> Certificate I</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Bachelor or Higher Degree	<input type="checkbox"/> Advanced Diploma / Assoc. Degree	<input type="checkbox"/> Diploma or Assoc. Diploma	<input type="checkbox"/> Cert. IV or Advanced Cert.	<input type="checkbox"/> Cert. III or Trade Cert.	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other: _____		
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<input type="checkbox"/> Cert. III or Trade Cert.	<input type="checkbox"/> Certificate II										
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other: _____										
<p>9. <u>OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?</u> (Please tick one only)</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Full time (FT) employee</td> <td><input type="checkbox"/> Part time (PT) employee</td> </tr> <tr> <td><input type="checkbox"/> Self employed</td> <td><input type="checkbox"/> Employer</td> </tr> <tr> <td><input type="checkbox"/> Unemployed – seeking FT work</td> <td><input type="checkbox"/> Unemployed – seeking PT work</td> </tr> <tr> <td><input type="checkbox"/> Not employed – not seeking work</td> <td><input type="checkbox"/> Student</td> </tr> </table>	<input type="checkbox"/> Full time (FT) employee	<input type="checkbox"/> Part time (PT) employee	<input type="checkbox"/> Self employed	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking FT work	<input type="checkbox"/> Unemployed – seeking PT work	<input type="checkbox"/> Not employed – not seeking work	<input type="checkbox"/> Student		
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<p>10. <u>OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR REASON FOR UNDERTAKING THIS COURSE?</u> (Tick more than one if required)</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> To get a job</td> <td><input type="checkbox"/> It is a requirement for your job</td> </tr> <tr> <td><input type="checkbox"/> To develop your business</td> <td><input type="checkbox"/> You want to gain extra skills</td> </tr> <tr> <td><input type="checkbox"/> To start your own business</td> <td><input type="checkbox"/> For personal interest/development</td> </tr> <tr> <td><input type="checkbox"/> To try for a different career</td> <td><input type="checkbox"/> To get into another course</td> </tr> <tr> <td><input type="checkbox"/> To aim for better job/promotion</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> To get a job	<input type="checkbox"/> It is a requirement for your job	<input type="checkbox"/> To develop your business	<input type="checkbox"/> You want to gain extra skills	<input type="checkbox"/> To start your own business	<input type="checkbox"/> For personal interest/development	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course	<input type="checkbox"/> To aim for better job/promotion	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> To aim for better job/promotion	<input type="checkbox"/> Other: _____										

3 - IMPORTANT RTO INFORMATION

As a Registered Training Organisation (RTO) accredited by ASQA, Mines Rescue undertakes quality competency based training that we trust will be informative, educational, practically oriented and bring our participants benefits to their field of work. We have a number of RTO guidelines & procedures that Mines Rescue recommend all participants take some time to familiarise themselves with before commencing their course. This information is outlined in our Participant Handbook but for further information, please visit the Mines Rescue website or consult your trainer. In signing this Participant Enrolment Form, you will be indicating that you have been provided with this important information.

4 - PARTICIPANT SIGN-OFF

I acknowledge that Mines Rescue has RTO guidelines & procedures that relate to me as a course participant, which I am able to access further information about through my trainer and the Mines Rescue Participant Handbook. I also acknowledge that I have read the specific information provided to me about facial hair & the use of breathing apparatus under Australian Standard 1715 (refer to the Mines Rescue Participant Handbook).

I further understand that components of this training course may involve practical work breathing apparatus & rescue equipment as well as physical exertion in conditions that could be mentally & physically stressful. I have indicated that I do not suffer from any medical condition including any heart or lung disorder or disease, nor am I aware of any other physical or mental conditions which could affect my ability to undertake concerted physical activity in differing environments such as confined spaces, humid conditions or at heights. I further acknowledge that in being admitted to a course, Mines Rescue does not assess my physical or mental condition/preparedness for the course, but relies on my responses to the Section 2B Health Screening. I have provided truthful and up to date information in the Health Screening above.

I understand that the information provided in this form comprises my confidential student record and that any participant data that is released to ASQA as part of Mines Rescue's RTO reporting requirements is anonymous.

SIGNED BY PARTICIPANT: _____	DATE: _____
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5 - PROOF OF IDENTITY (sighted by Mines Rescue Trainer/Representative)

EVIDENCE:	<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____
SIGNED BY TRAINER:	_____
TRAINER'S NAME:	_____
	DATE: _____

Hunter Valley Mines Rescue Station 6 Lachlan Ave Singleton Heights NSW 2330 p: 6573 9000 f: 6573 2007 hvmsr@rescue.coalservices.com.au	Newcastle Mines Rescue Station 533 Lake Road Argenton NSW 2284 p: 4922 4400 f: 4958 3504 nmrs@rescue.coalservices.com.au	Southern Mines Rescue Station PO Box 41 Woonona NSW 2517 p: 4286 5499 f: 4285 1397 smrs@rescue.coalservices.com.au	Western Mines Rescue Station PO Box 338 Lithgow NSW 2790 p: 6350 1000 f: 6352 3684 wmrs@rescue.coalservices.com.au
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