

ENROLMENT FORM
SAFE HANDLING AND SAFE USE OF EXPLOSIVES COURSE
At AITAC, 15 Barrie Rd Tullamarine 3043. (Melway Reference Map 15 H4)

SURNAME:	_____	EMPLOYER'S NAME:	_____
FIRST NAME:	_____	EMPLOYER'S ABN:	_____
ADDRESS:	_____	ADDRESS:	_____
(Including Postcode)	_____		_____
CONTACT PHONE NO:	_____	BUSINESS PHONE NO:	_____
OCCUPATION:	_____	FAX NO:	_____
DATE OF BIRTH:	_____	E-MAIL:	_____
PAYMENT METHOD: *	_____	USI NUMBER:	_____

The following information is required for Department of Education statistical purposes. Your details are private, and will not be passed to anyone, unless required by law.													
Year you finished High School?								Do you have Tertiary Qualifications?	Trade		Diploma		Degree
High School level you completed?	Yr9		Yr10		Yr11		Yr12	Country of birth?					
Any permanent disabilities?	Y / N		Aboriginal or Torres Straight Islander?				Y / N		Major language?				