

**ENROLMENT FORM
 FOR PRACTICAL AND ORAL ASSESSMENT OF SHOTFIRERS
 UNDERGROUND, QUARRY & SURFACE MINING**

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

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		Country of birth?					
Any permanent disabilities?	Y / N	Aboriginal or Torres Straight Islander?				Y / N	Major language?					