

**ENROLMENT FORM: CAR-HEAVY VEHICLE-MOTORCYCLE INSTRUCTION CANDIDATES**

Dear Student, please note that if you are not enrolling directly with Watto Training (RTO # 40791) and via an External Contractor or Third Party; you can check that the External Contractor or Third Party is approved to deliver training and assessment on behalf of Watto Training by contacting [wattotraining@gmail.com](mailto:wattotraining@gmail.com) or calling 0412 986 419.

Watto Training is committed to the protection of your personal information. Watto Training will not disclose your personal information to any third party without consent, unless authorized or required by law. Thank you.

**If you are on an account, please complete:**

Agency/Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

(Please note: - Accounts are only possible by prior arrangement with us by a letter of authority from your employer or a valid Purchase Order).

**PLEASE COMPLETE THIS SECTION**

**Your Details**

Circle: MR MS MRS MISS OTHER: \_\_\_\_\_

LICENCE #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Preferred Name: (if different from above): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Your Details:**

Home ph: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Website (if relevant): \_\_\_\_\_

**Your Details:**

Your Address: \_\_\_\_\_

Town/suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

**PLEASE CONTINUE TO THE NEXT PAGE...**

**Language Literacy and Numeracy (LLN)**

Watto Training is committed to supporting all of its students in successfully completing their selected qualification/s. To assist you in this area can you please TICK the box below that best reflects your position regarding you LLN status:

<input type="checkbox"/> - I do not require any assistance with LLN for the course I am choosing to undertake.	<input type="checkbox"/> - I am unsure if my LLN standard is sufficient for the level of study I am undertaking. I will complete an LLN assessment for Watto Training to review.
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**Unique Student Identifier (USI)**

If you have a USI can you please write it clearly here: \_\_\_\_\_

**Q: What is the Unique Student Identifier (USI)?**

A Unique Student Identifier (USI) is a reference number made up of numbers and letters that gives students access to their USI account. A USI will allow an individual's USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing an individual to see all of their training results from all providers including all completed training units and qualifications.

The USI will make it easier for students to find and collate their VET achievements into a single authenticated transcript. It will also ensure that students' VET records are not lost.

**Q: What does it cost?**

The USI is available online and at no cost to the student. This USI will stay with the student for life and be recorded with any nationally recognised VET course that is completed.

**Q: What are the benefits of a USI?**

- Seamlessly link information about a student's VET achievements, regardless of where they studied
- Enable students to easily access secure digital transcripts of their achievements
- Give students access to, and more control over, their educational information

**Q: If you do not have a USI or cannot get one, do you give permission for Watto Training to obtain one on your behalf?** YES NO (please circle)

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**STUDENT: PLEASE COMPLETE THIS SECTION: (FOR GOVERNMENT STATISTICAL PURPOSES)**

Sex (please circle): MALE FEMALE

Your country of birth: \_\_\_\_\_

Your country of citizenship: \_\_\_\_\_

Australian citizenship status if not Australian? (eg student visa): \_\_\_\_\_

Q: Are you of Aboriginal or Torres Strait Islander Origin? (circle) YES NO

Aboriginal? (circle) YES NO

Torres Strait Islander? (circle) YES NO

**LABOUR FORCE STATUS (FOR GOVERNMENT STATISTICAL PURPOSES)**

Of the following categories, which BEST describes your current employment status?

- |  |   |
|--|---|
| <input type="checkbox"/> Full time employee (01)                 | <input type="checkbox"/> Employed – unpaid worker in a family business (05) |
| <input type="checkbox"/> Part time employee (02)                 | <input type="checkbox"/> Unemployed – seeking full time work (06)           |
| <input type="checkbox"/> Self Employed not employing others (03) | <input type="checkbox"/> Unemployed – seeking part time work (07)           |
| <input type="checkbox"/> Employer (04)                           | <input type="checkbox"/> Not Employed – not seeking employment (08)         |

Q: What is your native language if not English? \_\_\_\_\_

Q: How well do you speak English? (circle)      NOT AT ALL      NOT WELL      WELL      VERY WELL

Q: Do you need English assistance? (circle)      YES      NO

Q: Are you attending another school? (circle)      YES      NO

**SCHOOLING (FOR GOVERNMENT STATISTICAL PURPOSES)**

Are you still attending school? (circle)    YES    NO

What is your highest COMPLETED school level? (tick one box)

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 9 or Equivalent |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or Below      |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Did not go to school |

Q: In which year did you complete that school level? \_\_\_\_\_

**PRIOR EDUCATIONAL ACHIEVEMENTS (FOR GOVERNMENT STATISTICAL PURPOSES)**

Have you successfully completed any of the following qualifications?

- No       Yes

If YES, please then tick ANY applicable boxes

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor or Higher Degree (008)    | <input type="checkbox"/> Certificate III (514)                  |
| <input type="checkbox"/> Advanced or Associate Degree (410) | <input type="checkbox"/> Certificate II (521)                   |
| <input type="checkbox"/> Diploma (420)                      | <input type="checkbox"/> Certificate I (524)                    |
| <input type="checkbox"/> Certificate IV (511)               | <input type="checkbox"/> Certificate other than the above (990) |

**MEDICAL CONDITIONS/DISABILITY**

Do you consider yourself to have a disability, impairment or long-term condition? (circle) YES NO

If YES, please tick ANY applicable boxes.

- |                   |                          |                                |                          |                        |                          |
|-------------------|--------------------------|--------------------------------|--------------------------|------------------------|--------------------------|
| Hearing (11)      | <input type="checkbox"/> | Learning (14)                  | <input type="checkbox"/> | Vision (17)            | <input type="checkbox"/> |
| Physical (12)     | <input type="checkbox"/> | Mental (15)                    | <input type="checkbox"/> | Medical Condition (18) | <input type="checkbox"/> |
| Intellectual (13) | <input type="checkbox"/> | Acquired Brain Impairment (16) | <input type="checkbox"/> | Other (19)             | <input type="checkbox"/> |

Do you wear glasses/contact lenses for driving? (circle) YES NO

Do you have any other vision or eye disorders? (circle) YES NO

Details? \_\_\_\_\_

Do you have diabetes? (circle) YES NO

If yes, how is your diabetes controlled?

Diet only  Medical certificate is not required

Tablet/insulin (private vehicle drivers)  Medical certificate is required

Tablet/insulin (commercial vehicle drivers)  Medical certificate is required from an approved specialist

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**STUDENT: PLEASE COMPLETE THIS SECTION.**

**STUDY REASON: WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS TRAINING PROGRAM?**

**TICK ONE BOX ONLY (FOR GOVERNMENT STATISTICAL PURPOSES)**

- |   |   |
|---|---|
| <input type="checkbox"/> 01. To get a job                     | <input type="checkbox"/> 06. It was a requirement of my job           |
| <input type="checkbox"/> 02. To develop my existing business  | <input type="checkbox"/> 07. I wanted some extra skills for my job    |
| <input type="checkbox"/> 03. To start my own business         | <input type="checkbox"/> 08. To get into another course of study      |
| <input type="checkbox"/> 04. To try a different career        | <input type="checkbox"/> 09. Other reason                             |
| <input type="checkbox"/> 05. To get a better job or promotion | <input type="checkbox"/> 10. For personal interest / self-development |

Do you have or ever had epilepsy?

No  Yes, medical certificate is required

Do you have any other mental or physical incapacity that is likely to adversely affect your ability to drive safely?

- No       Yes, medical certificate is required

If a medical certificate is required, a Department of Transport and Main Roads Medical Certificate for Motor Vehicle Driver form (F3712) must be completed by your doctor or specialist.

**Potential Health Issues and Medication I require for these Issues**

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Additionally, should you require medication during your training and assessment, or have medication with you in case of need, please alert your Trainer prior to the commencement of your session.

**Licence Background**

What type/s of licence/s do you hold? (Please tick)

- |                |                          |                   |                          |                                    |                          |
|----------------|--------------------------|-------------------|--------------------------|------------------------------------|--------------------------|
| Motor car (C)  | <input type="checkbox"/> | Light rigid (LR)  | <input type="checkbox"/> | Heavy combination (HC)             | <input type="checkbox"/> |
| Motorbike (RE) | <input type="checkbox"/> | Medium rigid (MR) | <input type="checkbox"/> | Multi combination (MC)             | <input type="checkbox"/> |
| Motorbike (R)  | <input type="checkbox"/> | Heavy rigid (HR)  | <input type="checkbox"/> | Specially constructed vehicle (UD) | <input type="checkbox"/> |

- Q: Have you ever been disqualified or refused a driving licence?       No       Yes
- Q: Have you ever had a driver’s licence cancelled or suspended?       No       Yes

**PLEASE TICK THE BOXES NEXT TO THE QUALIFICATIONS / UNITS YOU WISH TO COMPLETE**

I wish to enrol for:

- Cars - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41210
- Motorcycles - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41410
- Heavy Vehicles - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41310: CLASS?  
\_\_\_\_\_
- Certificate IV in Training and Assessment: TAE40110
- TLIC3036A – Apply Safe Driving Behaviours
- TLIC3004A – Drive Heavy Rigid Vehicle
- TLIF2010A - Apply fatigue management strategies

**DO YOU HOLD ANY OF THE FOLLOWING QUALIFICATIONS?**

- TAE40110 – Training and Assessment
- TAE40104 - Certificate IV in Training and Assessment
- TAE50104 – Diploma of Training and Assessment
- TLI31210 - Certificate III in Driving Operations
- BSB40812 - Certificate IV in Frontline Management
- Cars - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41210
- Motorcycles - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41410
- Heavy Vehicles - Certificate IV in Transport & Logistics (Road Transport - Driving Instruction) TLI41310: CLASS?  
\_\_\_\_\_

**STUDENT: PLEASE COMPLETE THIS SECTION.**

**How did you find out about our training services? (please tick)**

- |   |  |       |
|---|--|-------|
| <input type="checkbox"/> Friend who has done training with WATTO TRAINING | <input type="checkbox"/> Saw a sign on one of WATTO TRAINING's truck | _____ |
| <input type="checkbox"/> Through Watto Training's trainer(s)              | <input type="checkbox"/> Email/Website                               | _____ |
| <input type="checkbox"/> Through WATTO TRAINING truck                     | <input type="checkbox"/> Advertising (newspaper)                     | _____ |
| <input type="checkbox"/> Yellow Pages                                     | <input type="checkbox"/> Phone enquiry                               | _____ |
| <input type="checkbox"/> White Pages                                      | <input type="checkbox"/> Through EXTERNAL contractor                 | _____ |

Q: Would you like to be on Watto Training's emailing list to receive news about our training services?

- No       Yes

Q: Watto Training often takes photos and videos of assessment activities for collecting evidence of competency; however will NOT use your image in a public forum unless you give consent.

Do you give consent for Watto Training to use your image eg social media such as Watto Training – facebook/twitter?

- No       Yes

**Student – Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_**

**STUDENT: PLEASE READ AND COMPLETE THIS SECTION.**

**Student's Declaration and Acknowledgement**

All students whether undergoing training and assessment with Watto Training or an approved Third Party please note:

- Watto Training is responsible for compliance for training and assessment
- Watto Training is responsible for issuance of AQF certification documentation
- Watto Training shall ensure that any third party delivering services on its behalf is required under written agreement to cooperate with the VET regulator (ASQA) in:
  - (a) providing accurate and factual responses to information requests from ASQA relevant to the delivery of services; and
  - (b) in the conduct of audits and the monitoring of its operations.
- If an approved Watto Training Third Party ceases to deliver the agreed training and/or assessment, please go to Watto Training's Grievance and Appeals Procedure in the Student Handbook. The Student Handbook can be found at [www.wattotraining.com](http://www.wattotraining.com)
- If there are any new third party arrangements or a change in ownership or changes to existing third party arrangements, learners will be notified as soon as practicable.
- Watto Training has a complaints policy to manage and respond to allegations involving the conduct of:
  - (a) the RTO, its trainers, assessors and other staff
  - (b) a third party providing services on the RTO's behalf, its trainers, assessors or other staff; or
  - (c) a learner of Watto Training.

All Watto Training students are required to complete the declaration before the commencement of training. By signing the Declaration and Acknowledgement, you acknowledge that you understand and will be bound by the conditions for undertaking Watto Training's training and assessment program contained in this declaration. Please ensure that the declaration has been completed accurately and correctly. By signing this declaration, you also acknowledge that your concerns about the health conditions you have detailed in these student records have been discussed with your Trainer prior to training and assessment and that you are satisfied with the Trainer's responses.

**Student's Declaration and Acknowledgement**

As a participant of Watto Training's training and assessment, I:

- Agree to Watto Training's fees and charges for training and assessment.
- Agree with Watto Training Refund Policy as outlined at [www.wattotraining.com.au](http://www.wattotraining.com.au)
- Am eligible to undergo training and assessment.
- Acknowledge that Watto Training shall keep personal information pertaining to my training and assessment records. These records shall be kept in a safe and secure location. Learner's personal details will comply with privacy principles. (This includes the copy taken of the learner's licence).
- Will make a request directly to Watto Training in writing if I wish to view my training records. Watto Training shall be responsible for making a decision on the outcome of the application within 48 hours of receipt of the request.
- ***Agree to Watto Training's procedure for Lost CERTIFICATES AND STATEMENTS OF ATTAINMENT. I will be required to complete a statutory declaration advising that I have lost/destroyed my certificate – advising where, when and how. An original copy of the statutory declaration shall be signed and stamped by a justice of the peace and returned to WATTO TRAINING at P.O. Box 436, Bulimba Q 4171. THERE WILL BE A \$33.00 ADMINISTRATION FEE FOR THIS TO OCCUR.***
- Have advised my Trainer (and included details in this form) of all potential health issues which I know I have, including those that may require the consumption of prescription and other medication during the drive and I agree to allow the Trainer to carry the necessary medication for me throughout the drive.
- Will not deliberately risk the safety of myself or any other participants participating in Watto Training's training and assessment.
- Have not consumed any illegal drugs or excessive alcohol within 24 hours of the drive.
- I give permission to Watto Training to discuss details and progress of my course with WATTO TRAINING staff, my employer (if relevant), the Course Coordinator, Management and the Department of Employment and Training (for external audit purposes), including the potential use of completed assessment work for moderation purposes.
- Have entered Watto Training's premises at my own risk and acknowledge and agree that I will participate in the Watto Training's training and assessment at my own risk.

- Have been offered the opportunity to ask any questions of Watto Training and have had any questions answered to my satisfaction.
- Have entered this agreement and decided to participate in Watto Training's training and assessment freely and not under any duress.

**I understand as a student of WATTO TRAINING I am expected to:**

- Follow all regulations and requirements of Watto Training.
- Follow all lawful and reasonable directions from staff.
- Respect and ensure the safety, comfort and freedom of others.
- Demonstrate honest, responsible, courteous and ethical behaviour.
- Use all equipment and resources safely, appropriately and legitimately.
- Use transport responsibly and safely, whether approaching, within, or exiting Watto Training grounds.
- Follow all occupational health and safety requirements.

**Student's Declaration and Acknowledgement (CONTINUED...)**

**I also understand, the following behaviours are seen as unacceptable:**

- Bullying, assault, intimidation or displaying aggressive, disruptive or ill-mannered behaviour towards others.
- Inappropriately interfering with, or causing wilful or negligent damage to the learning environment.

I also acknowledge that I have read, and agree to be bound by, the Standard Terms and Conditions of WATTO TRAINING. In particular, I (the Driver) agree that:

- WATTO TRAINING has the right to refuse my participation in WATTO TRAINING's training and assessment if there is justified concern for the safety of myself or other persons.
- I will respect and obey the safety directions and instructions given by my trainer and all other representatives of WATTO TRAINING.
- I participate in WATTO TRAINING's training and assessment at my sole risk.
- My participation in WATTO TRAINING's training and assessment is on the basis that:
  - all statutory or implied conditions and warranties are excluded to the extent permitted by law; and
  - all and any liability on the party of WATTO TRAINING is excluded.
- I release WATTO TRAINING and its officers, employees and agents from:
  - all claims, demands, proceedings of every kind;
  - all loss or damage (including but not limited to property or death or personal injury of any nature or kind);
  - any liabilities whatsoever (including, but not limited to, negligence); and
  - all reasonable costs and expenses.
- I shall indemnify and keep indemnified WATTO TRAINING and their officers, employees and agents against all claims, demands, proceedings, loss, costs, charges, legal fees, expenses, damage and liability whatsoever for which WATTO TRAINING shall or may be or become either totally or partially liable in respect of or arising from loss, damage, injury or death from any cause (accidental or otherwise) to property or person occasioned or contributed to by my acts, omissions, neglect, breach or default.
- I provide this indemnity notwithstanding that any of such actions, claims, demands, losses, damages, proceedings, compensation, cost, charges, and expenses shall have resulted from any act or thing which I may be authorized or obliged to do.

I acknowledge that the risks associated with WATTO TRAINING's training and assessment, including but not limited to those associated with the need to negotiate roadways, windy and/or wet conditions, dizziness, loss of balance and other risks associated with the medical conditions from which I suffer and my general fitness have been explained in detail to me.



My signature below confirms my acceptance and understanding to the terms set out in this declaration and the conditions of WATTO TRAINING's training and assessment program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_