

## Enrolment Form (face to face training)

*To be faxed no earlier than 8 weeks and no later than 2 weeks prior to training dates*  
 CHCDFV1B Recognise and Respond to Domestic and Family Violence

<b>Title: (Mrs. Ms. Mr.)</b>		
<b>Last Name:</b>		
<b>First Name:</b>		
<b>Sex:</b>	Female <input type="radio"/>	Male <input type="radio"/> Not stated <input type="radio"/>
<b>Date of Birth: (optional)</b>		
<b>Workplace Name:</b>		
<b>Workplace Address:</b>		
<b>State:</b>	<b>Post Code:</b>	
<b>Work Phone: (    )</b>	<b>Mobile:</b>	
<b>Fax Number: (    )</b>	<b>*Email:</b>	
<small>(Required for pre reading material to be sent. Please print clearly)</small>		
<b>Occupation:</b>		
<b>Highest Completed School Level:</b>		
<b>Year Completed:</b>		
<b>Have you successfully COMPLETED any of the following qualifications?</b>		
<b>If "Yes" Check appropriate option(s) and give details:</b>	<input type="checkbox"/> Certificate I.....	
	<input type="checkbox"/> Certificate II.....	
	<input type="checkbox"/> Certificate III.....	
	<input type="checkbox"/> Certificate IV.....	
	<input type="checkbox"/> Diploma.....	
	<input type="checkbox"/> Advanced Diploma or Associate Degree Certificate .....	
	<input type="checkbox"/> Bachelor Degree or Higher Degree level .....	
	<input type="checkbox"/> Miscellaneous Education .....	
<b>Other Information</b>		
<b>Country of Birth:</b>		
<b>Indigenous Status Identifier:</b>	Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Aboriginal AND Torres Strait Islander <input type="radio"/> Neither Aboriginal or Torres Strait Islander <input type="radio"/> Not stated <input type="radio"/>	
<b>Language Spoken at Home:</b>		
<b>Do you consider yourself to have a disability, impairment, or long-term condition?</b>	Yes <input type="radio"/> No <input type="radio"/>	
<b>If "Yes" Check appropriate option(s):</b>	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment
	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Learning	<input type="checkbox"/> Other.....
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Unspecified.....

Do you have any special dietary requirements for lunch at training? Yes  No   
If Yes, give details:

**Training location and dates**

Use scale to answer the following questions. Please circle.

**Scale:** 1 - None 2 - Little 3 - Moderate 4 - High

**Current on-the- job experience in the issue of Domestic & Family Violence**

1 2 3 4

**Skills Training/Education in the issue of Domestic & Family Violence**

1 2 3 4

**Knowledge in the issue of Domestic & Family Violence**

1 2 3 4

**Computer skills/knowledge**

Email 1 2 3 4

Microsoft Word 1 2 3 4

Web-based learning 1 2 3 4

**This information is collected for enrolment in this nationally accredited topic only. I consent to this information being provided to the Department of Health and Ageing and/or Medicare for the purpose of verifying eligibility for the Practice Incentives Program (PIP) entitlements.**

**I certify that all the above details are correct.**

**Signature of Applicant.....Date.....**

If you have any questions about this form or the training please contact:  
Belinda Clark – National Project Coordinator 0413 655 191 or  
Kathryn White – National Project Trainer 0411 821 031

Thank you for taking the time to fill out this form. Please **fax** the completed form to Belinda Clark 02 6215 9401.