



## Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin?  Yes  No

Were you born in Australia?  Yes  No

If no, what is your country of birth? \_\_\_\_\_

## Education

Are you still attending secondary school:  Yes  No

What is your highest COMPLETED school level?

- Never attended school  Year 8 or below  Year 9 or equiv  
 Year 10 or equiv  Year 11 or equiv  Year 12 or equiv

In which YEAR did you complete that school level? \_\_\_\_\_

## Employment Status

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

- Full time Employee  Employed - unpaid worker in a family business  
 Part time Employee  Employer  
 Self Employed – not employing others  Unemployed – seeking full time work  
 Unemployed – seeking part-time work  Not employed – not seeking employment

## Language, Literacy, Numeracy:

Do you speak a language OTHER THAN English at home?  Yes  No

If YES, which language do you usually speak? \_\_\_\_\_

How well do you speak English?  Very Well  Well  Not Well  Not at All

Do you require any language, literacy or numeracy assistance?  Yes  No

## Disability

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

- Hearing/Deaf  Physical  Intellectual  
 Learning  Mental illness  Acquired Brain Impairment  
 Vision  Medical Condition  Other

If you require assistance for a disability, please advise how we may assist you: \_\_\_\_\_

## Education (cont.)

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate  Advanced/Technician Certificate  
 Other Certificate I, II, III, IV  Associate Diploma  
 Undergraduate Diploma  Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? \_\_\_\_\_

**Study Reason (Tick ONE box only)**

Of the following categories, which BEST describes your main reason for undertaking this course?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of the job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self development
- Other reasons

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

I give permission for Professional Sports Trainers Australia to discuss my training progress and results with my employer (if applicable), ASQA, Department of Education and other appropriate people as deemed necessary by Professional Sports Trainers Australia.

I give permission for Professional Sports Trainers Australia to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for Professional Sports Trainers Australia to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

- Is collected by the student identifiers Registrar for the purpose of:
  - Applying for, verifying and giving a USI
  - Resolving problems with a USI;
  - Creating authenticated vocational education and training (VET) transcripts
- May be disclosed to:
  - Commonwealth and state/ territory Government Departments and agencies and statutory bodies performing functions related to VET
  - VET regulators, admission bodies, RTO's, Schools, NCVE research and any entity contractual engaged by the Student Identifiers Registrar as described in the student hand book.

The information you have provided will remain private and confidential.

**Signature:** \_\_\_\_\_ **Date:** □□/□□/□□

**Optional:  
Authorisation for Unique Student Identifier (USI) application/ Privacy notice:**

I herewith authorise Professional Sports Trainers to apply for a USI on my behalf:  YES  NO

I herewith agree that I will pay an admin fee of \$22 to Professional Sports Trainers  YES  NO

I have provided the following additional details:  YES  NO

Surname, First and Middle names, Date of Birth, Gender, Country of Birth, Contact details

We also need your City or town of birth:.....,

ID type:..... Number.....verified by:.....

**Training Agreement  
(to be completed by the participant at enrolment)**

I \_\_\_\_\_ (insert full legal name) agree to undertake training with

**Professional Sports Trainers Australia**

During the course of this program, I understand and acknowledge that:

**My rights and obligations, as defined in the Participant Handbook include:**

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of Professional Sports Trainers Australia training venues with the utmost respect and courtesy.

**Professional Sports Trainers Australia's rights and obligations include:**

6. Provision of quality assessment services in a competent manner through the provision of quality resources and staff.
7. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
8. Guaranteeing to provide assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
9. Guaranteeing that in the event that Professional Sports Trainers Australia cannot deliver a course, a full refund of all monies paid to Professional Sports Trainers Australia will be refunded to the purchaser.
10. Committing that training will not be offered to participants who fail to wear PPE or fail to pay for the course.
11. Choosing to terminate a customer's training if they fail to uphold these standards.

**Signature:** \_\_\_\_\_ **Date:** □□/□□/□□

# Learner Questionnaire

## IMPORTANT INSTRUCTIONS

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'training' refers to learning experiences with your training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'X'.

Example:     or

## ABOUT YOUR TRAINING

	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼
I developed the skills expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identified ways to build on my current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed the knowledge expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared me well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set high standards for myself in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I looked for my own resources to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organisation staff respected my background and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pushed myself to understand things I found confusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had an excellent knowledge of the subject content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way I was assessed was a fair test of my skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was at the right level of difficulty for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of work I had to do was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was always easy to know the standards expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilities and materials were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually had a clear idea of what was expected of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers explained things clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation had a range of services to support learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to plan and manage my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approached trainers if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made the subject as interesting as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough material to keep up my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was flexible enough to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers encouraged learners to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made it clear right from the start what they expected from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the BEST ASPECTS of the training?

Four empty text boxes for listing best aspects of training.

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

Four empty text boxes for listing areas needing improvement.

**YOUR TRAINING DETAILS**

What TYPE OF QUALIFICATION are you currently enrolled in? Select one only.

- Certificate I, Certificate II, Certificate III, Certificate IV, Certificate level unknown, Diploma, Advanced diploma, Associate degree, Degree, Short course or statement of attainment, VET graduate certificate or graduate diploma, Other qualification or training, Do not know. Each item has a checkbox.

What is the BROAD FIELD of your current training? Select one only.

- Natural and physical sciences, Information technology, Engineering and related technologies, Architecture and building, Agriculture, environmental and related studies, Health, Education, Management and commerce, Society and culture, Creative arts, Food, hospitality and personal services, Other. Each item has a checkbox.

What is the FULL TITLE of your current qualification or training?

A long horizontal text box for entering the full title of the qualification.

In what MONTH AND YEAR did you start your current training? For example, write 'March 2007' as '03/2007'.

Form for entering month and year: [ ] [ ] / [ ] [ ] [ ] [ ]

Are you undertaking an APPRENTICESHIP OR TRAINEESHIP? Yes No

Did you get any RECOGNITION OF PRIOR LEARNING towards your training such as subject exemptions, course credits or advanced standing? Yes No

**ABOUT YOU**

Female Male

Are you FEMALE OR MALE? [ ] [ ]

What is YOUR AGE in years?

- Under 15, 15 to 19, 20 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, 65 or over. Each item has a checkbox.

Are you of ABORIGINAL OR TORRES STRAIT ISLANDER origin?

- No, Yes, Aboriginal, Yes, Torres Strait Islander, Yes, both Aboriginal and Torres Strait Islander. Each item has a checkbox.

Do you speak a LANGUAGE OTHER THAN ENGLISH at home? Yes No

Are you a PERMANENT RESIDENT OR CITIZEN of Australia? Yes No

Do you consider yourself to have a DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION? Yes No

What is the POSTCODE of your main place of residence? [ ] [ ] [ ] [ ] [ ] [ ]

**Please rate your experience,**

Circle from 1-5, 5 being highest satisfaction

- Booking, Customer Service, Training content, Training facility, Overall satisfaction. Each item has a scale of 1 to 5.

**How did you find us? Please circle**

- Online, Newspaper, Friends/family, Workplace, Location, Phone book/ yellow pages, Other. Each item has a checkbox.

Thank you for sharing your views.

A large empty rectangular box for providing feedback or comments.