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## FORKLIFT TRAINING ENROLMENT FORM

USI NUMBER:

You must have a 10 digit Unique Student Identifier number to complete any accredited training from January 1st 2015.  
If you do not have a USI or lost your USI please register/visit [www.usi.gov.au](http://www.usi.gov.au).

### PERSONAL DETAILS:

FIRST/GIVEN NAME'S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

GENDER: Male  Female  DATE OF BIRTH: \_\_\_\_\_

HOME/WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

POSTAL ADDRESS (if different): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREREQUISITE:** DO YOU HAVE a BASIC UNDERSTANDING OF THE ENGLISH LANGUAGE BOTH  
VERBAL & NON-VERBAL Yes  No

**\*\*\*\*Note – must be 18 years or over to participate in course\*\*\*\***

DO YOU REQUIRE ANY ASSISTANCE TO COMPLETE TRAINING Yes  No

If yes, please specify: (Reading / Writing / Understanding?)

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**PHOTO ID WITH CURRENT ADDRESS IS REQUIRED UPON ENROLMENT**

ID can be emailed along with enrolment to: [accustomconsulting@gmail.com](mailto:accustomconsulting@gmail.com) or texted to: 0407 488 200

### PREVIOUS FORKLIFT EXPERIENCE / COURSE REQUIRED:

Full Course:  \*Refresher:

(\*Note: You will need to provide your original forklift ticket to participate in the refresher course)

Have you previously had a forklift licence: Yes  No

Have you had any experience in a Forklift: Yes  No

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### EMPLOYMENT DETAILS:

Are you Employed: Yes  No  (If No Skip to Payment Details)

Employer Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

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### PAYMENT DETAILS:

Is your course being funded by a third party? Yes  No   
If yes, Which Organisation/Workplace: \_\_\_\_\_ Contact Person/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Date: \_\_\_\_\_