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FORKLIFT TRAINING ENROLMENT FORM

USI NUMBER: _____

You must have a Unique Student Identifier number to complete training from January 1st 2015. If you do not have one, please register for your number at www.usi.gov.au or call the office on 88213340.

PERSONAL DETAILS:

SURNAME: _____ FIRST NAME/S : _____

TITLE: _____ GENDER: Male Female

DATE OF BIRTH: _____ HOME PHONE: _____

MOBILE: _____ EMAIL ADDRESS: _____

ADDRESS: _____

TOWN: _____ POSTCODE: _____

POSTAL ADDRESS (if different): _____

EMERGENCY CONTACT: _____ PHONE: _____

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

DO YOU REQUIRE ANY ASSISTANCE TO COMPLETE TRAINING Yes No

PREVIOUS FORKLIFT EXPERIENCE:

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

EMPLOYMENT DETAILS:

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

Employer Name: _____

Company Address: _____

PAYMENT DETAILS:

Is your course being funded by a third party Yes No

If yes, Organisation: _____ Contact Person: _____

Signature: _____ **Date:** _____

Course Start Date: _____