



TLIC0031

APPLY LOW RISK CAR DRIVING BEHAVIOURS

PRE-ENROLMENT PACK

Please complete and submit your pre enrolment pack at your earliest convenience to finalise your enrolment with The Australian Driving Institute.

 08 8322 8555

 cbellis@austdrive.com

www.austdrive.com



RTO: 45958

TRAINING ENROLMENT APPLICATION

Instructions: This is an online form and should be completed by saving it to your computer and typing in your information. Alternatively, if you cannot access a computer the form can be printed and completed as a manual form

Please email your completed form to ADI: cbellis@austdrive.com

OR POST: The Australian Driving Institute 7 Benjamin Street, St Marys SA 5042

1 PERSONAL INFORMATION

Title: (Please tick) Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____ Preferred Name: _____

Residential Address: _____ Post Code: _____

Postal Address: _____ Post Code: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth: _____ Gender: _____

Emergency/Next of Kin Contact Details: Name: _____ Phone: _____

Relationship with Learner: _____

2 COURSE DETAILS

Name of course you wish to enrol:

Do you wish to apply for National Recognition/Credit Transfer or RPL: Yes No

3 EMPLOYMENT DETAILS

Business Name: _____

Contact Name: _____

Address: _____

Town/Suburb: _____ Telephone: _____

4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No
Yes, Aboriginal
Yes, Torres Strait Islander

Were you born in Australia? _____

If no, which Country? _____ Do you have a VISA? _____ if so please provide.



Do you speak a language other than English at home?

No, English only (Go to disability section)

Yes, other – please specify

How well do you speak English?

Very Well

Well

Not well

Not at all

5 DISABILITIES

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

No

Vision

Hearing/Deaf

Physical

Medical Condition

Other

Intellectual

Mental Illness

Learning

Acquired Brain Impairment

6 SCHOOLING

What is your highest completed school level?

In what year did you complete that school level?

Completed year 12

Completed year 11

Completed year 10

Completed year 9 or equivalent

Completed year 8 or lower

Did not go to school

Are you still attending secondary school?

Yes

No

7 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

Yes (please tick ANY applicable boxes)

No (Go to the Employment section)

Bachelor's degree or Higher Degree

Certificate III (or Trade Certificate)

Advanced Diploma or Associate Degree

Certificate II

Diploma (or Associate Diploma)

Certificate I

Certificate IV (or Advanced Certificate/Technician)

Certificates other than the above

8 EMPLOYMENT

From the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee

Employed – unpaid worker in a family business

Part-time employee

Unemployed – seeking full-time work

Self employed – not employing others

Unemployed – seeking part-time work

Employer

Not employed – not seeking employment

9 STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

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
- I wanted extra skills for my job
- For personal interest or self development

- It was a requirement of my job
- To get into another course of study
- Other reasons

10 UNIQUE STUDENT IDENTIFIER (USI) AUTHORITY

Do you have a Unique Student Identifier (USI) number?

Yes No

If yes, my USI number is _____ If no, please go to www.usi.gov.au and create one

11 DRIVERS LICENCE (If Known)

Drivers Licence Number: _____ Expiry Date: _____

State Issued: _____ Licence Class: _____

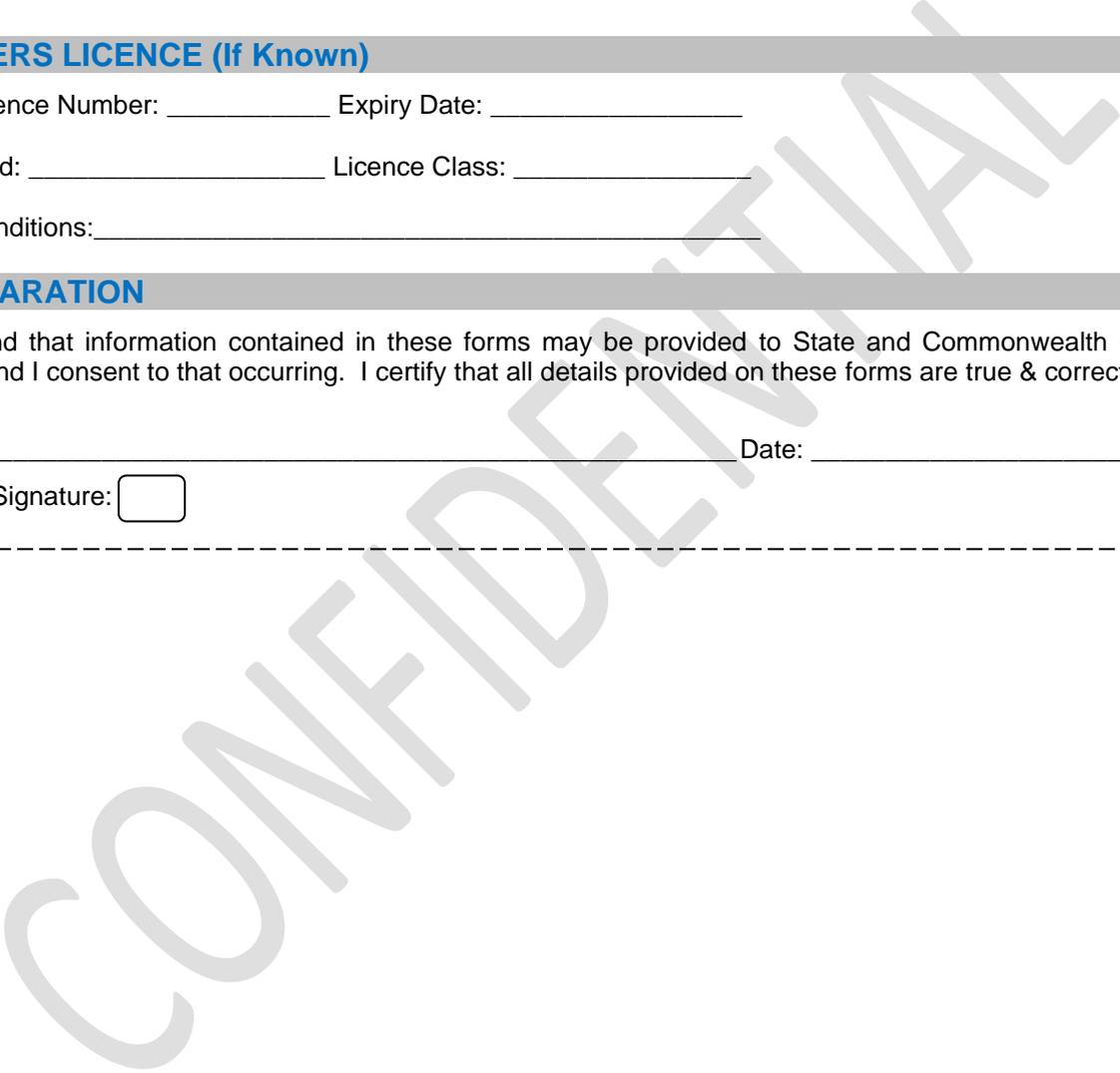
Special Conditions: _____

10 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth Government agencies and I consent to that occurring. I certify that all details provided on these forms are true & correct.

Signature: _____ Date: _____

Electronic Signature:





TLIC0031 Apply low risk car driving behaviours Training Needs Analysis (TNA)

Name: _____

Date: ___/___/___

Declaration: The information below is true and correct to the best of my knowledge

Student Signature: _____

Please indicate how often you have experienced or undertaken the following by marking with a X in your selected box Have you previously;	Frequently	Sometimes	Never
Can follow and apply current road law and legislation in driving behaviours			
Can read road signs, signals and markings meanings?			
Can confidently operate in vehicle safety technology?			
Can start and stop a vehicle in a safe and efficient manner?			
Can identify hazards?			
Operates a vehicle in adverse weather conditions?			
Operates a vehicle at night?			
Driven a manual vehicle?			
Driven an automatic vehicle?			
Operates a vehicle in built up traffic environments?			
Operate a vehicle in regional locations?			
Undertakes journeys of more than 2 hours?			
Operates a vehicle on multi laned roads?			
Prepares a vehicle safely for journeys?			
Carries out overtaking of large vehicles at speed?			
Parks vehicles in varying car park types?			
Applies advanced observation and scanning techniques?			
Adapts to differences in vehicles, including their operations, controls and safety devices to maximise safety and efficiency?			
Applying thinking frameworks to systemise driving skills on approach to hazards?			
Applies attention allocation techniques to maximise hazard awareness and negotiation?			
Applies applying correct selection and application of a braking system?			
Can apply hazard awareness identification at short, mid and long ranges?			
Carries out basic maintenance e.g., engine oil top-up?			
Applied defensive driving techniques appropriate to the following driving conditions? *			
* Driving a four-wheel drive vehicle			
* Driving a sedan			
* Night driving			
* Day Driving			



TLIC0013 Apply low risk car driving behaviours Training Needs Analysis (TNA)

Please indicate how often you have experienced or undertaken the following by marking with a X in your selected box Have you previously;	Frequently	Sometimes	Never
* Sealed road driving			
* Unsealed road driving			
* Off road terrain driving			
* Extreme wet and dry conditions			
* Tows a trailer			
Identifies warning signs of equipment/vehicles needing maintenance or repair?			
Deals with vehicle problems and faults e.g., mechanical, electrical or instrument failure?			
Communicates, interacts with industry regarding driving behaviours?			

Trainers Name: _____ Date: _____ Signature: _____

TNA Outcome (Please Tick) Not experienced Experienced

Reasons:



Language, Literacy and Numeracy Evaluation

Instructions:

Fill in all sections clearly and carefully by writing in block letters.

This evaluation is designed to assist Australian Driving Institute's awareness of the student's level of Language, Literacy and Numeracy to assist the trainers to give you the upmost support during your course.

Please **do not** use a mobile phone or computer.

1 PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss Ms Dr Other

Family Name: _____

Given Names: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth: _____ Gender: _____

2 COURSE DETAILS

Name of course/qualification currently undertaking: _____

3 EMPLOYMENT DETAILS (If Applicable)

Business Name: _____

Type of business: _____ Country: _____

How long were you employed: _____

What duties do you perform?

Have you had much driving experience?

Yes No

If yes, please give details

4 FUTURE EXPECTATIONS (Language)

Please explain in detail the reason why you want to do this course:

What is your future career goal?

Is this course related to your work experience? Yes No

If so, please give details:

5 LITERACY

Please tick the incorrect spelt words:

Compatability indecisive necessary octaine petroleum fullfillnes
complicated magnficent rotaton maintenance receive freindship
understanding knowledge

Fill in the missing words:

The motor _____ is a form of _____ to get _____ from ____ to B _____

Vehicle, car, transport, walking, home, you, me, A, C, quickly, safely

When I am _____ I observe the road _____ and I obey all _____ limits.

Driving, walking, condition, rules, speed,

6 NUMERACY

Please complete the following:

$23 \times 35 = \dots\dots\dots$, $15 \times 4 = \dots\dots\dots$, $12 \times 10 = \dots\dots\dots$, $10 \times \dots = 50$, $\dots\dots \times 5 = 20$, $2 \times 2 \times 4 = \dots\dots\dots$

$55 + 23 = \dots\dots\dots$, $56 + \dots\dots\dots = 92$, $450 + \dots\dots\dots = 1,111$, $2.5 + 4.25 + 2 = \dots\dots\dots$, $1.75 + 2.25 = \dots\dots\dots$

$1/3 = \dots\dots\dots\%$, $1/4 = \dots\dots\dots\%$, $75\% = \dots\dots\dots$, $100\% = \dots\dots\dots$, Half = $\dots\dots\dots\%$ & $1/\dots\dots$

7 divided by 2 = $\dots\dots\dots$, 12 divided by 4 = $\dots\dots\dots$, 6 divided by 3 = $\dots\dots\dots$, 120 divided by 10 = $\dots\dots\dots$

If A turns a full circle and B turns 2 circles what is the ratio (tick the correct answer) 1/2 2/1 1/1 2/2

7 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

<input type="checkbox"/> Yes (please tick ANY applicable boxes and give details)	<input type="checkbox"/> No if yes, give details
<input type="checkbox"/> Bachelor's degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

8 DECLARATION

I understand that information in this form will be reviewed, and it may affect my application for enrolment. I certify that all details provided on these forms are answered true and correct and to my best ability.

Signed:

Date:

OFFICE USE ONLY:

Has the student successfully answered the questions to a satisfactory level?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No, please give reasons

Trainer Name:

Date: