

## *Standard Enrolment Questions*

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## Introduction

The following questions are provided for collecting data from enrolment forms. The order these questions are provided in and the wording should be followed to ensure that compatible and comparable data are collected across AVETMISS collections and over time.

Element names are given in italics as a link to the AVETMISS VET Provider Collection Specifications: Release 6.0 and Data Element Definitions.

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## Personal Details

1) Enter your full name

Family Name (Surname)

Given Names

*Name for Encryption*

2) Enter your birth date

Day/Month/Year | | |

*Date of Birth*

3) Sex (Tick ONE box only)

Male  M

Female  F

*Sex*

4) What is the address of your usual residence?

Suburb, locality or town

Postcode

*Address Location - Suburb, Locality or Town*

*Postcode*

5) What is your postal address?

Building/Property name

Flat/Unit number Street number

Street name

PO box or Roadside Delivery Box

Suburb, locality or town

State/Territory

Postcode

*Address First Line*

*Address Second Line*

*Address Postal - Suburb, Locality or Town*

*Postcode*

*State Identifier*

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## Language and Cultural Diversity

6) In which country were you born?

Australia  1101

Other - please specify \_\_\_\_\_

*Country Identifier*

7) Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only  **English only - Go to Question 9**  
1201

Yes, other - Please specify \_\_\_\_\_

*Main Language other than English Spoken at Home Identifier*

8) How well do you speak English?

Very well  1

Well  2

Not well  3

Not at all  4

*Proficiency in Spoken English Identifier*

9) Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

*Indigenous Status Identifier*

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## Disability

10) Do you consider yourself to have a disability, impairment or long-term condition?

Yes  Y

No  N **No - Go to Question 12**

*Disability Flag*

11) If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

Hearing/Deaf  11

Physical  12

Intellectual  13

Learning  14

Mental Illness  15

Acquired Brain Impairment  16

Vision  17

Medical Condition  18

Other  19

*Disability Type Identifier*

## Schooling

12) What is your highest **COMPLETED** school level? (Tick **ONE** box only.)

Year 12 or equivalent	<input type="checkbox"/> 12	
Year 11 or equivalent	<input type="checkbox"/> 11	
Year 10 or equivalent	<input type="checkbox"/> 10	
Year 9 or equivalent	<input type="checkbox"/> 09	
Year 8 or below	<input type="checkbox"/> 08	
Never attended school	<input type="checkbox"/> 02	<b>Never attended school – Go to Question 14</b>

*Highest School Level Completed*

13) In which **YEAR** did you complete that school level?

\_\_\_\_\_

*Year Highest School Level Completed*

14) Are you still attending secondary school?

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

*At School Flag*

## Previous Qualifications Achieved

15) Have you **SUCCESSFULLY** completed any of the following qualifications?

Yes	<input type="checkbox"/> Y	
No	<input type="checkbox"/> N	<b>No - Go to Question 17</b>

*Prior Educational Achievement Flag*

16) If **YES**, then tick **ANY** applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/> 008
Advanced Diploma or Associate Degree	<input type="checkbox"/> 410
Diploma (or Associate Diploma)	<input type="checkbox"/> 420
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> 511
Certificate III (or Trade Certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Certificates other than the above	<input type="checkbox"/> 990

*Prior Educational Achievement Identifier*

## Employment

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

(Tick **ONE** box only.)

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed - not employing others	<input type="checkbox"/> 03
Employer	<input type="checkbox"/> 04
Employed - unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed - seeking full-time work	<input type="checkbox"/> 06
Unemployed - seeking part-time work	<input type="checkbox"/> 07
Not employed - not seeking employment	<input type="checkbox"/> 08

*Labour Force Status Identifier*

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## Study Reason

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

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

*Study Reason Identifier*

