



## Student – Personal Details Form

PLEASE PROVIDE AN ANSWER TO ALL QUESTIONS ON THIS FORM – USE BLOCK LETTERS

### 1. Student Details - *Spelling of full names must be correct*

First Name  Middle Name/s  Surname

Date of Birth  Gender  Nationality   
 Male  Female

Marital Status Single  Married

### 2. Contact Details

Work Number  Mobile Number  Other Number

Home Email Address

Work Email Address

District

Aiwo  Anabar  Anetan  Anibare  Baitisi  Boe  Buada  Denig  Ewa  Ijuw   
 Meneng  Nibok  Uaboe  Yaren

### 3. Employment

Employment Status

Employed full time by someone else	<input type="checkbox"/>	Employed part time by someone else	<input type="checkbox"/>
Employed casually by someone else	<input type="checkbox"/>	Self employed – not employing others	<input type="checkbox"/>
Business Owner – employs other people	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

Employer/Business Details [if applicable]

Company name	<input type="text"/>
Job field	<input type="text"/>

### 4. Language

Language spoken at home: Nauruan  English  Other

Where English is NOT the main language spoken at home, please clarify how well you speak English

Very Well  Well  Not Well  Not at all

## 5. Schooling

What is your completed school level?

Year 12  Year 11  Year 10  Other

In which year did you complete that school level?

Are you still attending School? Year 12  Year 11  Year 10  Other

## 6. Course Applying

Course Name:

Session Preference *[tick both if any preference]*

DAY  EVENING

## 7. Previous Qualifications Achieved

Have you successfully completed any of the following qualifications? No  Yes  (If yes, tick the below)

Bachelor Degree or Higher	<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Advance Diploma	<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Certificates other than above	<input type="checkbox"/>
Diploma	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>		<input type="checkbox"/>

If yes above, please list the name of the qualifications held

## 8. Medical

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

If yes, please indicate the areas of disability, impairment or long-term condition

Do you have any medical or other conditions that may compromise your safety or that of other, and that may require support from your teacher or staff? Yes  No

If yes, please indicate the medical or other condition and what support you require.

Student Declaration (Please read carefully)

- I agree to abide by the Nauru TVET rules, regulations and policies and acknowledge that the facilities made available for my use will be in accordance with the principles of proper use and relevant rules.
- I confirm the accuracy of the information contained within this form and where necessary identification document provided.

*If you are under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment.*

Student  
Signature:

Date:

Parent/Guardian's Signature:  
(if student is under 18 years)

Date: