This form will determine more information from you as a learner so we can best customise the accredited course / qualification to your learning needs. Thank you for your time in completing this form.

**NAME:** Click here to enter text.

**NAME OF COURSE / QUALIFICATION TO BE UNDERTAKEN:** Click here to enter text.

**TYPE OF COURSE:** Choose an item.

**CURRENT EMPLOYER:** Click here to enter text.

**CURRENT ROLE:** Click here to enter text.

**TIME IN CURRENT ROLE:** Click here to enter text.

**WHAT EXPERIENCE DO YOU HAVE RELATED TO THE ABOVE COURSE (INCLUDE PAID EMPLOYMENT AND VOLUNTEER EXPERIENCE):**

Click here to enter text.

**ADDITIONAL NEEDS (eg diet, learning needs, accessibility etc):**

Click here to enter text.

I have received the Learner Handbook, and am aware of my rights and responsibilities as a learner, and am aware of the expected in-class and post-course assessments (if applicable) which form part of this course. All Handbooks can be found on our website www.futurewest.com.au.

**FOR DISTANCE EDUCATION STUDENTS ONLY**

**ARE YOU USING THIS COURSE TOWARDS A FIREFIGHTING QUALIFICATION?** (tick yes if you are completing this course towards a firefighting qualification) ☐

**ARE YOU PLANNING TO COMPLETE THIS COURSE FOR USE WITHIN THE FIRE SECTOR?** (tick yes if you are planning to use this course within the fire sector) ☐

**END OF FORM.**