

# Student Enrolment Form

## (New Student)

<b>A. Personal Details</b>	
<b>1. Enter your full name</b>	
Family Name (Surname) :	
Given Name/s :	
Student ID Number :	Mobile:
Email:	USI#:
<b>2. Enter your birth date (Day/Month/Year):</b> /    /	<b>3. Gender:</b> (tick ONE box only)  <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>4. What is the address of your usual residence?</b>	
Building/Property Name:	
Flat/Unit details:	
Street or Lot number:	
Street Name:	
Suburb, Location or Town:	
State/ territory:	Postcode:
<b>5. What is your Postal Address (if different from above)?</b>	
Building/Property Name:	
Flat/Unit details:	
Street or Lot number:	
Street Name:	
Suburb, Location or Town:	
State/ territory:	Postcode:
<b>Emergency Contact 1:</b>	
Name:	Contact Number:
Street Address:	Suburb:
State:	Postcode:
<b>Emergency Contact 2:</b>	
Name:	Contact Number:
Street Address:	Suburb:
State:	Postcode:
<b>Emergency Contact (Overseas):</b>	
Name:	Contact Number:
Street Address:	Suburb:
State:	Postcode:

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## B. Language and Cultural Diversity

6. In which country were you born?  1101 Australia  Other - please specify \_\_\_\_\_

7. Do you speak a language other than English at home?  
(If more than one language, indicate the one that is spoken most often)

- 1201 No, English only- **Go to question 9**  
 Yes, other - please specify: \_\_\_\_\_

8. How well do you speak English?

- 1 Very well  2 Well  3 Not well  4 Not at all

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

## C. Disability

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

- Yes  No - Go to Question 12

11. If YES, then please indicate the areas of disability, impairment or long-term condition:  
(You may indicate more than one area)

- |  |   |
|--|---|
| <input type="checkbox"/> 11 Hearing/Deaf     | <input type="checkbox"/> 16 Acquired Brain Impairment |
| <input type="checkbox"/> 12 Physical         | <input type="checkbox"/> 17 Vision                    |
| <input type="checkbox"/> 13 Intellectual     | <input type="checkbox"/> 18 Medical Conditions        |
| <input type="checkbox"/> 14 Learning         | <input type="checkbox"/> 19 Other                     |
| <input type="checkbox"/> 15 Mental Illnesses |   |

## D. Schooling

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

- 12 Year 12 or equivalent  
 11 Year 11 or equivalent  
 10 Year 10 or equivalent  
 09 Year 9 or equivalent  
 08 Year 8 or below  
 02 Never attended school – Go to Question 14

13. In which YEAR did you complete that school level? \_\_\_\_\_

14. Are you still attending secondary school?  Yes  No



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## E. Previous Qualifications Achieved

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

- Yes     No if NO- go to question 17

16. If YES, then tick ANY applicable boxes.

- 008 Bachelor Degree or Higher Degree
- 410 Advanced Diploma or Associate Degree
- 420 Diploma (or Associate Diploma)
- 511 Certificate IV (or Advanced Certificate/Technician)
- 514 Certificate III (or Trade Certificate)
- 521 Certificate II
- 524 Certificate I
- 990 Certificates other than the above

## F. Employment

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

(Tick **ONE** box only)

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

## G. Study Reason

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

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

## H. Your Course of Study

CRICOS Name & Code:

Expected Course Duration:

Commencement Date:

Expected Completion Date:



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### I. Your Credit Transfer and Recognition of Learning (RPL)

19. Are you applying for Credit Transfer or RPL for the units successfully completed at another provider?

Yes  No

If **Yes**, please complete Credit Transfer or RPL application form and submit it to the Student Administration with supporting documents such as official transcript or statement of attainment.

### J. Receipt of the Institute's Policies & Procedures

20. I acknowledge that I have and will read and be familiar with the following policies and procedures of the Institute:

- a. Fee Payment Policy and Procedure
- b. Fee refunds policy
- c. Students' complaints and appeal policy
- d. Students' withdrawal, deferral and suspension policy
- e. Satisfactory course progress policy
- f. Critical incident policy and procedure

21. I am well informed that the Institute is responsible for compliance of training and assessment and for issuance of AQF certification documentation.

22. I am also aware of my rights as per the TPS policy if the Institute closes or ceases to deliver the agreed training and/or assessments.

### K. Important Excerpts from Free Payment, Late Assessment Submission and Plagiarism Policy

23. I am aware that I should pay the tuition fee of each term in full amount within the last two weeks of the current term (study period) and within one working week (5 working days) of the start of the next term. A late payment fee of \$50 will be levied to me if I pay fees by 10 working days (WDs) after the start of the next term for the current term. If I do not pay my fees by 10 WDs, I will be issued a warning letter indicating that I need to pay my outstanding fees plus a late payment fee of \$100 by 20 WDs after the start of the next term for the current term; otherwise my CoEs may be cancelled.

24. Students must submit "competent" assessments by due dates. Those students who fail to submit their assessments by due date, they must submit their assessments within 14 days after the due date. Students must pay \$100 as penalty for late submission of assessments. If students do not submit assessments even by 14 days, students will have to re-enrol in the concerned units later on and will have to be competent in those units at that time. The Institute may report to DIBP as against non-completion of "competent" assessments and non-payment of fees and fines, and it may affect your student visa.

25. Plagiarism is not accepted in Australian education system and at the Institute. You should not practice any plagiarism in your assessments or any other works. If you are found to practice plagiarism, or your assessment has been found to be plagiarised, you will be fined \$250 (for first time) followed by \$500 (for second time) and \$1000 (for third time). If you are still found to be plagiarised after the third time, the Institute will report to DIBP as against plagiarism and it may affect your student visa.



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## L. Privacy Statement

### Privacy Notice

Under the *Data Provision Requirements 2012*, the Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by the Institute for statistical, regulatory and research purposes. The Institute may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how VET market operates for policy, workforce planning and consumer information; and
- Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## L. Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that failure to provide incorrect information or documentation in relation to this application may result in cancellation of my enrolment.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

I authorise the Institute to contact the persons that are listed in the emergency contact even when I am not contacted timely for the official purpose.

### Emergency Medical Indemnity

I also authorise the Institute or their representative to obtain Medical Treatment in the event of an emergency. I indemnify the Institute or their representative.

### Use of photos

I give my permission to the Institute to use my ID or any other photos taken during college events in social media if the intended use is for promoting the status of college and its marketing activities.

<b>Signature of Student:*</b>	<b>Signature of parent or legal guardian:*</b>	<b>Date:</b>
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\*Note: This application and declaration must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application.

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Student Activated	<input type="checkbox"/> SMS Updated
Date:	<input type="checkbox"/> ID issued	



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## (New Student)

### USI application through the Institute (if you do not already have one)

#### Application for Unique Student Identifier (USI)

If you would like the Institute to apply for a USI on your behalf you must authorise the Institute to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] .....authorise the Institute to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth \_\_\_\_\_  
(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for **one** of the forms of identity below (numbered 1 to 8).

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

#### 1. Australian Driver's Licence

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

#### 2. Medicare Card

Medicare card number \_\_\_\_\_  
Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)  
(month/year)

Yellow  Blue  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)  
(day/month/year)

#### 3. Australian Birth Certificate

State/Territory \_\_\_\_\_  
Details vary according to State/Territory (see note above)

#### 4. Australian Passport

Passport number \_\_\_\_\_

#### 5. Non-Australian Passport (with Australian Visa)

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

#### 6. Immicard

Immicard Number \_\_\_\_\_

#### 7. Citizenship Certificate



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Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
day/month/year)

### 8. Certificate of Registration by Descent

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, the Institute will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

**Advice to RTOs:** The *Student Identifiers Act 2014* (s.11) requires RTOs to destroy personal information collected from individuals **solely** for the purpose of applying for a USI on their behalf as soon as practicable after the application has been made or the information is no longer needed for that purpose. If you are required by or under a law to retain this information, then you may wish to include a statement on the form to explain that.

Under Standard 3.6 (d), you are required to ensure the security of the USI and all related documentation under your control, including information stored in your student management systems.