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| **Intended Course of Study**  |
| Course Code | Course Name |
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#  **Application for Enrolment Form**

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| **Please Select One** |
| [ ]  [BSB30415](https://training.gov.au/Training/Details/BSB30415) - Certificate III in Business Administration | [ ]  CHC22015 - Certificate II in Community Services |
| [ ]  BSB51918 - Diploma of Leadership and Management. | [ ]  [BSB41415](https://training.gov.au/Training/Details/BSB41415) - Certificate IV in Work Health and Safety |
| [ ]  [BSB61015](https://training.gov.au/Training/Details/BSB61015) - Adv Diploma of Leadership and Management | [ ]  [BSB51315](https://training.gov.au/Training/Details/BSB51315) - Diploma of Work Health and Safety |
| [ ]  BSB30215 - Certificate III in Customer Engagement | [ ]  [BSB51615](https://training.gov.au/Training/Details/BSB51315) – Diploma of Quality Auditing |
| [ ]  [BSB51415](https://training.gov.au/Training/Details/BSB51415) – Diploma of Project Management | [ ]  CHC52015 - Diploma of Community Services |

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| **Personal Details** |
| Enter your full namePlease write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name **exactly as written in the identity document,** you choose to use. |
| Title | Given names | Family Name (Surname) |
|  |  |  |
| Enter your birth date (Day/month/year) | Gender (Tick ONE box only) |
| / / | * Male
 | * Female
 | * Other
 |
| Enter your contact information |
| Home phone (including area code) |  | Mobile |  |
| Email address |  |
| Alternative email address (optional) |  |
| Enter contact information in case of emergency |
| Emergency contact name | Relationship to you | Emergency contact number |
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| What is the address of your usual residence?Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory’s ‘rural property addressing’ or ‘numbering’ system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site. |
| Building/Property name |  |
| Flat/Unit details |  |
| Street or lot number (e.g. 205 or Lot 118) |  |
| Street name |  |
| Suburb, locality or town |  |
| State/territory |  | Postcode |  |

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| What is your postal address (if different from above)? |
| Building/Property name |  |
| Flat/Unit details |  |
| Street or lot number (e.g. 205 or Lot 118) |  |
| Street name |  |
| Postal delivery information (e.g. PO Box 254) |  |
| Suburb, locality or town |  |
| State/territory |  | Postcode |  |

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| **Language and Cultural Diversity**  |
| In which country were you born?  |
| * Australia
 | * Other – please specify:
 |
| 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
 | * Yes – please specify:
 |
| 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
 |

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| **Disability** |
| Do you consider yourself to have a disability, impairment or long-term condition? |
| * Yes
 | * No (Go to the next section)
 |
| If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement on the following page for an explanation of the following disabilities. |
| * Hearing/deaf
 | * Acquired brain impairment
 |
| * Physical
 | * Vision
 |
| * Intellectual
 | * Medical condition
 |
| * Learning
 | * Other:
 |
| * Mental illness
 |  |
| If you answered YES to the above question do you require any assistance to participate in this course? |
| * No
 | * Yes (We'll arrange a meeting to discuss this with you)
 |

**Disability Supplement**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

*‘Hearing/deaf’*

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

*‘Physical’*

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

*‘Intellectual’*

In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

*‘Learning’*

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

*‘Mental illness’*

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.

*‘Acquired brain impairment’*

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

*‘Vision’*

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

*‘Medical condition’*

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.

*‘Other’*

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

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| **Schooling**  |
| What is your highest COMPLETED school level?If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.(Tick ONE box only) |
| * Completed Year 12
 | * Completed Year 9 or equivalent
 |
| * Completed Year 11
 | * Completed Year 8 or lower
 |
| * Completed Year 10
 | * Never attended school
 |
| Are you still enrolled in secondary or senior secondary education? |
| * Yes
 | * No
 |

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| **Previous Qualifications Achieved** |
| Have you SUCCESSFULLY completed any of the qualifications listed below? |
| * Yes
 | * No
 |
| Yes (if yes, please enter **one** of these Prior Education Achievement Recognition Identifiers **any** applicable qualification level.) A – Australian E– Australian equivalent I – International | Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use1. A – Australian
2. E– Australian equivalent
3. I – International
 |
|  | **A** | **E** | **I** |
| * Bachelor’s degree or Higher Degree
 | ❑ | ❑ | ❑ |
| * Advanced Diploma or Associate Degree
 | ❑ | ❑ | ❑ |
| * Diploma (or Associate Diploma)
 | ❑ | ❑ | ❑ |
| * Certificate IV (or Advanced Certificate/Technician)
 | ❑ | ❑ | ❑ |
| * Certificate III (or Trade Certificate)
 | ❑ | ❑ | ❑ |
| * Certificate II
 | ❑ | ❑ | ❑ |
| * Certificate I
 | ❑ | ❑ | ❑ |
| * Certificates other than the above
 | ❑ | ❑ | ❑ |
| **Employer Details** |
| Enter your current employment information (where applicable) |
| Employer organisation name |  | Your position |  |
| Supervisor name |  |
| Employers street address |  |
| Suburb, locality or town |  |
| State/territory |  | Postcode |  |
| Telephone |  | Fax |  |
| Email |  |
| Website |  |

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| **Employment**  |
| Of the following categories, which BEST describes your current employment status? For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).(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
 |
| * Self-employed – employing others
 | * Unemployed – not seeking employment
 |

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| **Occupation** |
| Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If unemployed, go to the next question. |
| * Managers
 | * Sales Workers
 |
| * Professionals
 | * Machinery Operators and Drivers
 |
| * Technicians and Trade Workers
 | * Labourers
 |
| * Community and Personal Service Workers
 | * Other:
 |
| * Clerical and Administrative Workers
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| **Industry** |
| Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If unemployed, go to the next question. |
| * Agriculture, Forestry and Fishing
 | * Financial and Insurance Services
 |
| * Mining
 | * Rental, Hiring and Real Estate Services
 |
| * Manufacturing
 | * Professional, Scientific and Technical Services
 |
| * Electricity, Gas, Water and Waste Services
 | * Administrative and Support Services
 |
| * Construction
 | * Public Administration and Safety
 |
| * Wholesale Trade
 | * Education and Training
 |
| * Retail Trade
 | * Health Care and Social Assistance
 |
| * Accommodation and Feed Services
 | * Arts and recreation Services
 |
| * Transport, Postal and Warehousing
 | * Other Services
 |
| * Information Media and telecommunications
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| **Study Reason** |
| 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
 | * I wanted extra skills for my job
 |
| * To develop my existing business
 | * To get into another course of study
 |
| * To start my own business
 | * For personal interest or self-development
 |
| * To try for a different career
 | * To get skills for community / voluntary work
 |
| * To get a better job or promotion
 | * Other reasons
 |
| * It was a requirement of my job
 |  |

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| **Unique Student Identifier** |
| From 1 January 2015, Australian Skills Academy can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as ‘other’ you will need to contact the USI Office for assistance.Enter your Unique Student Identifier (USI) (if you already have one) |
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In providing my USI, I confirm Australian Skills Academy is authorised to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014.*I understand that I will receive a notice regarding Australian Skills Academy’s use of this information to confirm my USI.I understand that Australian Skills Academy’s name included in the notice may be different to the name they are familiar with – the name of the organisation verifying my USI is Australian Skills Academy. |

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| **Privacy Notice & Applicant Declaration** |
| **Privacy Notice**Under the *Data Provision Requirements 2012*, Australian Skills Academy 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), may be used or disclosed by Australian Skills Academy for statistical, administrative, regulatory and research purposes. Australian Skills Academy may disclose your personal information for these purposes to:* Commonwealth and State or Territory government departments and authorised agencies; and
* NCVER.
* Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:
* populating authenticated VET transcripts;
* facilitating statistics and research relating to education, including surveys and data linkage;
* pre-populating RTO student enrolment forms;
* understanding how the VET market operates, for policy, workforce planning and consumer information; and
* administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National 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/)).Australian Skills Academy retains a record of personal information about all individuals with whom we undertake any form of business activity. Australian Skills Academy must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.As a government registered training organisation, regulated by the Australian Skills Quality Authority, Australian Skills Academy is required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments. Australian Skills Academy must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.For information about how Australian Skills Academy collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Australian Skills Academy privacy policy which can be found within the Student Handbook and on our website at www.australianskillsacademy.com.au/student-handbook-pdfThis Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined. |
| **Applicant Declaration and Consent** |
| I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.In making this application for enrolment, I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Australian Skills Academy.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, and NCVER policies, procedures and protocols published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)*Marketing Use Content*I give Australian Skills Academy permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.I authorise images of my participation in training to be used by Australian Skills Academy for future marketing and business purposes.I understand that I retain the right to withdraw my consent at any time.❑ I choose to opt-out of this marketing and usage consent. |
| Applicant Signature: |  | Date: |  |
| Time of signing: |  |
| *\*Parental/guardian consent is required for all students under the age of 18.* |
| Parent / Guardian Name: |  |
| Parent / Guardian Signature: |  | Date: |  |
| Time of signing: |  |

**Please attach to this form & copy of 100 points photo ID.**

**Office Use only:**

**Training representative Name:**

**By signing this form, I certify that I will make every effort to deliver on the services outlined to students and provide every possible opportunity to students to**

**complete their planned course. Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_**