



# Course Enrolment 2019

## 1. Course Details

Qualification Code/Title			
Location of Training		Date of Training	

## 2. Personal Details-

(Please ensure Surname and Given Names written below are the same as on the ID used for your USI Application)

Title	SURNAME	GIVEN NAME
Other names	Date of birth DD/MM/YYYY	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

## 3. Residential Address

Unit Number	Building	Number & Street name
SUBURB	STATE	POSTCODE
CONTACT TELEPHONE NUMBER		
EMAIL ADDRESS		

## 4. Postal Address (only complete if different to residential address)

Postal address IF different to above	<input type="checkbox"/> NO (skip to section 5) <input type="checkbox"/> YES (please provide details below)	
Unit Number	Building	Number & Street Name
SUBURB	STATE	POSTCODE

## 5. Emergency Contact

Contact Name	Contact Number
Relationship of Emergency contact to you	

## 6. Employer (Traineeship Only)

Employer Name	Contact Name & Number	
Employer Address	STATE	POSTCODE

## 7. Language and Cultural Diversity

Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	Citizenship	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident
Main language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify):	How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Aboriginal AND Torres Strait Islander		

## 8. Education

What is your highest COMPLETED school level?	<input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 <input type="checkbox"/> Completed Year 8 or below <input type="checkbox"/> Did not go to school			
Which year did you complete that level?	Are you still attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Have you SUCCESSFULLY completed any of the following qualifications?  A – Australian Qualification E - Australian Equivalent I - International	Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates other than those listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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## 9. Employment

Of the following categories, which BEST describes your current employment status? (Tick one box only)	<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Employer <input type="checkbox"/> Employed (unpaid worker in family business)	<input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Unemployed (seeking full time work) <input type="checkbox"/> Unemployed (seeking part time work) <input type="checkbox"/> Not employed (not seeking employment)
Of the following categories, which BEST describes your current or recent occupation? (Tick one box only). If unemployed continue to section 10	<input type="checkbox"/> 1 Managers <input type="checkbox"/> 2 Professionals <input type="checkbox"/> 3 Technicians & trade workers <input type="checkbox"/> 4 Community & personal service worker <input type="checkbox"/> 5 Clerical & administrative workers	<input type="checkbox"/> 6 Sales workers <input type="checkbox"/> 7 Machinery operators & drivers <input type="checkbox"/> 8 Labourers <input type="checkbox"/> 9 Other
Of the following categories, which BEST describes the industry of your current or recent employer? (Tick one box only). If unemployed continue to section 10.	<input type="checkbox"/> A Agriculture, forestry, fishing <input type="checkbox"/> B Mining <input type="checkbox"/> C Manufacturing <input type="checkbox"/> D Electricity, gas, water & waste <input type="checkbox"/> E Construction <input type="checkbox"/> F Wholesale trade <input type="checkbox"/> G Retail trade <input type="checkbox"/> H Accommodation & feed services <input type="checkbox"/> I Transport, postal & warehousing <input type="checkbox"/> J Information media & telecommunications	<input type="checkbox"/> K Financial & insurance <input type="checkbox"/> L Rental, hiring & real estate <input type="checkbox"/> M Professional, scientific & technical <input type="checkbox"/> N Administrative & support <input type="checkbox"/> O Public administration & safety <input type="checkbox"/> P Education & training <input type="checkbox"/> Q Health care & social assistance <input type="checkbox"/> R Arts & recreation <input type="checkbox"/> S Other

## 10. Disability & Mental Health

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> NO go to section 11 <input type="checkbox"/> YES			
If yes, then please indicate the area of disability, impairment or long-term condition: (you may indicate more than one area)	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Other:	Do you require special assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## 11. Reason for Study

Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/ apprenticeship? (Tick one box only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job/promotion <input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For my own personal interest / self-development <input type="checkbox"/> Other (please specify):
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## 12. Victorian Student Number (VSN)

Enter your Victorian Student Number	_____ _____	<input type="checkbox"/> I have a VSN but do not know the number
Have you attended any Victorian school since 2009 or had any training with a Vocational Education and Training (VET) registered training organisation provider or an Adult and Community Education provider in Victoria since 2011?	<input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or VET training provider since the beginning of 2011 - go to section 13 <input type="checkbox"/> Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011 <input type="checkbox"/> Yes - I have attended a Victorian school since 2009 – Please enter the most recent Victorian School attended:	



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## 13. Unique Student Identifier (USI)

For information on the Student Identifiers Registrar's Privacy Policy please refer to <http://usi.gov.au/Documents/Student-Identifiers-Registrar-privacy-policy-v1.1.docx>

This site contains information about how you may:

- access and seek correction of the personal information held;
- complain about a breach of privacy and how such complaints will be dealt with

<input type="checkbox"/> <b>No</b> – I do not have a USIA Please refer below to obtain a USI below	<input type="checkbox"/> <b>Yes</b> – I already have a USI <b>(Provide 10 Digit/Letter number):</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> </tr> </table>										

<b>Apply for your own USI</b>	Go to the following website: <a href="http://www.usi.gov.au">www.usi.gov.au</a> and follow the prompts to create your USI. Please enter the <b>10 Digit/Letter number</b> in the above boxes:
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## 14. USI application through your RTO (if you do not already have one)

### Application for Unique Student Identifier (USI)

If you would like us AFHS Training to apply for a USI on your behalf you must authorise us 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 AFHS Training 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)

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

#### 3. Australian Birth Certificate State/Territory \_\_\_\_\_

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

#### 4. Australian Passport

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



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

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

**6. Immicard**

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

**7. Citizenship Certificate**

Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_

**8. Certificate of Registration by Descent**

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

In accordance with section 11 of the Student Identifiers Act 2014, AFHS Training 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.

**15. Privacy Statement**

AFHS Training is required to provide the Victorian Government, through the Department, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>)

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires AFHS Training to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register. AFHS Training and Department of Education will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed, please contact Student Services on 1300 337 199.

**16. Student Declaration**

In signing or emailing this form I acknowledge and declare that:

1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
2. Arrangements have been made to pay all fees and charges applicable to this enrolment
3. I have read and understand the Trainee/Learner Handbook.
4. I am 18 years of age or older
5. My participation in this course is subject to the right to cancel or amalgamate courses or classes. I agree to abide by the rules and regulations of AFHS Training.
6. I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at AFHS Training.
7. I authorise AFHS Training or its agent, in the event of illness or accident during any AFHS Training activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
8. My academic results will be withheld until my debt is fully paid and any property belonging to AFHS Training has been returned.

<b>Signature:</b>		<b>Date:</b>	
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