



Enrolment Form

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

1. Personal Details (including full legal name)

Title (Mr, Miss, Ms, Mrs, Other):			
Gender (Tick ONE box only)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Family name (Surname):		(if Single Name only, enter here)	
First Name:	Middle Name(s):		
Preferred Name:	Date of Birth: Day/month/year/...../.....		

2. Your Contact Details

Home Phone:	Mobile Phone:			
Email Address:	Work Phone:			
Alternative email address (optional)				
Preferred Contact Method:	<input type="checkbox"/> via Mobile Phone	<input type="checkbox"/> via Email	<input type="checkbox"/> via Post (address below)	(please tick one)

3. Your Emergency Contact

Name:	Relationship:	
Home Phone:	Mobile Phone:	Work Phone:

4. 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 -



5. 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 -

6. WORKPLACE EMPLOYER DETAILS (if applicable)

Trading Name	
Contact Name:	Supervisor Name:
Training Address	
Phone	Employer email

7. Language and Cultural Diversity

Are you of Aboriginal/Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal & T.S. Islander
In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify below)
Do you speak a language other than English at home?	<input type="checkbox"/> No (English only)	<input type="checkbox"/> Yes (please specify below)
If you speak a language other than English at home, 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

8. Unique Student Identifier (USI)

From 1 January 2015, we Australian Institute of Community and Health Management (AICHM) 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). In addition, we are required to include your USI in the data we submit to NCVER. 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 USI

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If you want that RTO will create a USI on your behalf, then go to point 9 and complete the information.



9. USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us Australian Institute of Community and Health Management (AICHM) 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 Australian Institute of Community and Health Management (AICHM) 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. Immicard Immicard Number _____	
4. Certificate of Registration by Descent Acquisition date ____/____/____ (day/month/year)	
5. Australian Birth Certificate State/Territory _____ <i>Details vary according to State/Territory (see note above)</i>	6. Non-Australian Passport (with Australian Visa) Passport number _____ Country of issue _____
7. Australian Passport Passport number _____	8. Citizenship Certificate Stock number ____/____/____ Acquisition date day/month/year



In accordance with section 11 of the *Student Identifiers Act 2014*, Australian Institute of Community and Health Management (AICHM) 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.

10. Education Details

.Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is your highest COMPLETED school level? (Not inclusive of higher education)	<input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Completed Yr. 9 or equivalent <input type="checkbox"/> Completed Yr. 8 or lower <input type="checkbox"/> Never attended school
Tick one box only		
In which year did you complete this school level? (must be answered – even if education was completed overseas)		
If still attending school, name of school:		
Previous secondary school (if applicable):		

11. Employment Status

Which of the following categories BEST describes your current employment status?	<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Employer
Tick one box only		
Where are you employed?		
How many employees are at your current employer?	<input type="checkbox"/> Up to 20	<input type="checkbox"/> Over 20

12. Occupation

Which of the following classifications BEST describes your current (or recent) occupation?	<input type="checkbox"/> 1 - Managers <input type="checkbox"/> 2 - Professionals <input type="checkbox"/> 3 – Technicians & Trade Workers <input type="checkbox"/> 4 – Community and Personal Service Workers <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
Tick one box only if you never employed go to next section.		

13. Industry of Employment

Which of the following classifications BEST describes the Industry of your current (or recent) Employer?	<input type="checkbox"/> A – Agriculture, Forestry and Fishing <input type="checkbox"/> B – Mining <input type="checkbox"/> C – Manufacturing <input type="checkbox"/> D – Electricity, Gas, Water & Waste Services <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 Services <input type="checkbox"/> L – Rental, Hiring & Real Estate Services <input type="checkbox"/> M – Professional, Scientific & Technical Svc's <input type="checkbox"/> N – Administrative Support Services <input type="checkbox"/> O – Public Administration and Safety <input type="checkbox"/> P – Education & Training <input type="checkbox"/> Q – Health Care & Social Assistance <input type="checkbox"/> R – Arts and Recreation Services <input type="checkbox"/> S – Other Services
Tick one box only if you never employed go to next section.		



14. Disability

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. You may indicate more than one.

☐ Hearing/deaf

☐ Intellectual

☐ Mental illness

☐ Vision

☐ Other (Please specify):.....

☐ Physical

☐ Acquired brain impairment

☐ Learning

☐ Medical condition

15. Previous Qualifications/Education

Have you successfully **COMPLETED** any of the following qualifications?

☐ Yes

☐ No

If yes, please tick **ONE** applicable box relating to your prior education at **ANY** applicable Level as follows:

A = Australian Qualification

E = Australian Equivalent*

I = International

A E I

☐ ☐ ☐ Bachelor Degree or Higher Degree

☐ ☐ ☐ Advanced Diploma or Associate Degree

☐ ☐ ☐ Diploma or Associate Diploma

☐ ☐ ☐ Certificate IV or Advanced Cert/Technician

A E I

☐ ☐ ☐ Certificate III or Trade Certificate

☐ ☐ ☐ Certificate II

☐ ☐ ☐ Certificate I

☐ ☐ ☐ Other (please specify)

If multiple of one type, use above priority order (A), (E) and then (I).

*To determine 'Australian Equivalent' qualifications, please refer to the Overseas Qualifications Unit (OQU).

16. Study Reason

Of the following reasons, which **BEST** describes your main reason for undertaking this course / traineeship / apprenticeship?

Tick one box only

☐ To get a job

☐ To develop my existing business

☐ To start my own business

☐ To try for a different career

☐ To get a better job or promotion

☐ It was a requirement of my job

☐ I wanted extra skills for my job

☐ To get into another course of study

☐ For personal interest or self-development

☐ To get skills for community/voluntary work

☐ Other Reasons

17. Student Contact

How did you find out about the course you are enrolling in?

Tick one box only

☐ Job Services

☐ Staff Member

☐ Current/Past Student

☐ Flyer

☐ Website

☐ Radio advertising

☐ Word of mouth

☐ Social Media (e.g. Facebook)

☐ Apprentice Centre

☐ Newspapers

☐ Workplace

☐ Other (please specify)



18. Student Handbook

The student handbook outlines the following:

- Student fee information
- Refund Policy
- Code of conduct
- Complaints procedure
- Appeals procedure
- Assessment guidelines
- Student welfare and support services
- Recognition of prior learning

I declare that I have read and understood RTO student handbook and their policies & procedures regarding the above.

Signature: _____ Date: _____

The Student Handbook can be found on RTO website.

19. Australian Citizenship Status

☐ Australian Citizen ☐ New Zealand Citizen ☐ Permanent Resident ☐ Other (please provide details)

20. Training product to be enrolled in.

Course Code	Course Name
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21. Pre-Training Checklist (Please tick the correct boxes)

<input type="checkbox"/> Pre-training form completed	<input type="checkbox"/> Entry Requirements discussed
<input type="checkbox"/> Language, Literacy and Numeracy(LLN) assessment completed by student and attached	<input type="checkbox"/> Credit Transfer discussed
<input type="checkbox"/> Delivery Mode discussed	<input type="checkbox"/> Location of the course discussed
<input type="checkbox"/> Recognition of prior learning(RPL) discussed	<input type="checkbox"/> Tuition fees, Concession and Exemption discussed
<input type="checkbox"/> Refund policy discussed	<input type="checkbox"/> Student question answered
<input type="checkbox"/> I have read and understand the student handbook	<input type="checkbox"/> Please indicate any special needs, assistance you may require during the course (e.g Writing assistance)



Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Australian Institute of Community and Health Management (AICHM) 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 Australian Institute of Community and Health Management (AICHM) for statistical, administrative, regulatory and research purposes. Australian Institute of Community and Health Management (AICHM) 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).

Consent for publication of photographs and student work

- RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.
 - Do you consent to the use of your photo under these conditions? Please circle one: Yes No
 - If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

Consent/authority to release information and view documents

Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.

During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.

You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

- I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Declaration of Information Accuracy

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.
4. I have read and understand the RTO Information for Learners Handbook



5. I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
6. I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18.
7. My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of RTO.
8. I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
9. 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 RTO.
10. I have also visited RTO website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
11. I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
12. My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
13. I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
14. I declare that the information I have provided to the best of my knowledge is true and correct.
15. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Signed (Student)	Date:
Signed (PARENT/GUARDIAN)	Date:

**Parental/guardian consent is required for all students under the age of 18.*



Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

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.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

'19 — 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.