

OFFICE USE ONLY

Received date: / /

Student ID:

Intake Date: / /

ENROLMENT FORM

1. Name of Qualification/(s) you are applying for:

1)	
2)	

2. Personal details

Title			Surname			
Given Name(s)						
Date of Birth (DD/MM/YYYY)	/	/				
Age		(Australian Calendar)				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Usual Address	Building/ Property Name		Flat/ Unit Number			
	Street Number		Street Name			
	Town/Suburb		State/ Territory	Postcode		
Postal Address (if different to Residential)	Building/ Property Name		Flat/ Unit Number			
	Street Number		Street Name			
	Town/Suburb		State/ Territory	Postcode		
Telephone	Home		Work		Mobile	
Email						

3. Victorian Student Number (if applicable, i.e. age 25 years and under)

- A. Enter your Victorian Student Number (VSN) Not Applicable
 (Go to Question 4 if you provided your VSN)
- B. Have you attended any VIC School since 2009 or done any training with a VET registered training organisation or ACE provider in VIC since 2011?
 YES (Go to C.) NO (Go to Question 4)
- C. Most recent Victorian school attended/ training organisations participated (List up to 3 training organisations)
- | |
|--|
| |
| |
| |

4. Next of Kin/Emergency Contact Details

Contact Name:		Relationship:	
Contact Number:			

5. Concession Details (if applicable)

Are you a dependent or holder of a current Health Care Card? Yes No

CRN:

Benefit code (e.g. LI – Low Income) Expiry:

6. Language and Cultural Diversity

I am, Australian Citizen New Zealand Citizen Permanent Visa Holder Other

In which country were you born? Australia Other, please specify:

In which city were you born? Please indicate:

Do you speak a language other than English at home? No, English Only Other, please specify:

How well do you speak English? 1. Very Well 2. Well 3. Not Well 4. Not at All

Are you of Aboriginal or Torres Strait Islander origin?
 1. No
 2. Yes, Aboriginal
 3. Yes, Torres Strait Islander

7. Disability

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

No Yes - please indicate your disability below (you may indicate more than one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing impairment/deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other, please specify: <input type="text"/> |

8. Schooling

What is your highest completed school level? (Tick one box only)

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Never attended school |

In which year did you complete the school level?

Are you still attending secondary school?
(excluding school based Apprentice/Trainee) Yes No

9. Previous Qualification Achieved

Have you successfully completed any of the following qualifications in Australia or Australian equivalent? No Yes – please indicate your qualification(s) below (you may indicate more than one)

- | | | | |
|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> Bachelor degree or Higher Degree | <input type="checkbox"/> | <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> |
| <input type="checkbox"/> Advanced Diploma or Associate degree | <input type="checkbox"/> | <input type="checkbox"/> Certificate II | <input type="checkbox"/> |
| <input type="checkbox"/> Diploma (or Associate diploma) | <input type="checkbox"/> | <input type="checkbox"/> Certificate I | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate IV (or Advanced certificate/ Technician) | <input type="checkbox"/> | <input type="checkbox"/> Other qualification, please specify: <input type="text"/> | <input type="checkbox"/> |

* Please indicate if your qualification is: A – Australian qualification E – Australian equivalent I – International

10. Employment

Which of the following best describes your current employment status?

- | | |
|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed, unpaid worker in family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed, seeking full-time work |
| <input type="checkbox"/> Self-employed, not employing others | <input type="checkbox"/> Unemployed, seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed, not seeking employment |

11. Study Reason

Which of the following categories best describes your reasons for enrolling in this qualification/course?

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> Requirement of my job |
| <input type="checkbox"/> Develop my existing business | <input type="checkbox"/> Need extra skills for my job |
| <input type="checkbox"/> Start my own business | <input type="checkbox"/> Enter a different course of study |
| <input type="checkbox"/> Start a different career | <input type="checkbox"/> Personal interest or self-development |
| <input type="checkbox"/> Find a better job or promotion | <input type="checkbox"/> Other reasons |

12. Personal Circumstances

Please indicate the circumstances that relate to you.

- | | |
|---|---|
| <input type="checkbox"/> Patient at Thomas Embling Hospital | <input type="checkbox"/> Referred worker in transition* |
| <input type="checkbox"/> Detained in a youth justice facility | <input type="checkbox"/> Asylum Seeker or Victims of Human Trafficking Initiative * |
| <input type="checkbox"/> Prisoner, who is held in a custodial setting | <input type="checkbox"/> Referred Job Seeker * |
| <input type="checkbox"/> Judy Lazarus Transition Center prisoner | <input type="checkbox"/> None of the above |

* Please attach referral and supporting documentation.

13. Recognition of Prior Learning (RPL) and Credit Transfer (CT)

Do you wish to apply for RPL for any units of study within your chosen course? Yes No

Are you eligible for CT? Yes No

14. Which of the following classifications BEST describes your current or recent occupation? (Select ONE box only).

- | | |
|--|---|
| <input type="checkbox"/> 1 – Managers | <input type="checkbox"/> 2 – Professionals |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 4 – Community and Personal Service Workers |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers | <input type="checkbox"/> 6 – Sales Workers |
| <input type="checkbox"/> 7 – Machinery Operators and Drivers | <input type="checkbox"/> 8 – Labourers |
| <input type="checkbox"/> 9 – Other, please specify: <input type="text"/> | |

15. Which of the following classifications BEST describes the Industry of your current or previous Employer? (Select ONE box only)

- | | | | |
|--------------------------|---|--------------------------|--|
| <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 and Waste Services |
| <input type="checkbox"/> | E – Construction | <input type="checkbox"/> | F – Wholesale Trade |
| <input type="checkbox"/> | G – Retail Trade | <input type="checkbox"/> | H – Accommodation and Food Services |
| <input type="checkbox"/> | I – Transport, Postal and Warehousing | <input type="checkbox"/> | J – Information Media and Telecommunications |
| <input type="checkbox"/> | K – Financial and Insurance Services | <input type="checkbox"/> | L – Rental, Hiring and real Estate Services |
| <input type="checkbox"/> | M – Professional, Scientific and Technical Services | <input type="checkbox"/> | N – Administrative and Support Services |
| <input type="checkbox"/> | O – Public Administration and Safety | <input type="checkbox"/> | P – Education and Training |
| <input type="checkbox"/> | Q – Health Care and Social Assistance | <input type="checkbox"/> | R – Arts and recreation Services |
| <input type="checkbox"/> | S – Other Services | | |

16. Unique Student Identifier (USI):

- I have my USI.
- I would like to create my own USI (Go to section 16A)
- I would like TAIE to create my USI on my behalf (Go to section 16B)

16A. Create your own USI

It is free and easy for you to create your own USI online. You can create your own USI at the USI website www.usi.gov.au. If you have created your own USI, please provide your USI to THE ACADEMY OF INTERNATIONAL EDUCATION (AUST) as soon as possible so that your USI can be verified and your records updated.

16B. TAIE to create your USI on your behalf

To create a USI, you will need to provide THE ACADEMY OF INTERNATIONAL EDUCATION (AUST) with **ONE** valid Australian form of ID from the list below:

Driver's License	
State:	License Number:
Medicare Card	
Medicare Card Number:	Card Colour:
Individual Reference Number:	Expiry Date:
Australian Passport	
Document Number:	
Visa (with Non-Australian Passport) for international students	
Passport Number:	Country of Issue:
Birth Certificate (Australian) *Please note a Birth Certificate extract is not sufficient	
State:	
Certificate Of Registration By Descent	
Acquisition Date:	
Citizenship Certificate	
Stock Number:	Acquisition Date:
ImmiCard	
ImmiCard Number:	

17. Privacy Statement

I understand that:

The Academy of International Education (Australia) is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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 The Academy of International Education (Australia) 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.

For more information in relation to how student information may be used or disclosed, please contact The Academy of International Education (Australia)'s Privacy Officer via email privacy@taie.com.au

Unique Student Identifier

If you do not already have a Unique Student Identifier (USI) and you want The Academy of International Education (Australia) to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, The Academy of International Education (Australia) will provide to the Registrar the following items of personal information about you: Your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document, your date of birth, as it appears, if shown, in the chosen document of identity, your city or town of birth, your country of birth, your gender and your contact details.

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver license, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorised to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorised by the Registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask *The Academy of International Education (Australia)* to make an application for a student identifier on your behalf, *The Academy of International Education (Australia)* will have to declare that *The Academy of International Education (Australia)* has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that The Academy of International Education (Australia) to has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- Is collected by the Registrar for the purposes of:
 - Applying for, verifying and giving a USI;
 - Resolving problems with a USI; and
 - Creating authenticated vocational education and training (VET) transcripts;
- May be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
 - Education related policy and research purposes; and
 - To assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - Current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - Schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - The National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - Researchers for education and training related research purposes;
 - Any other person or agency that may be authorised or required by law to access the information;
 - Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
 - Will not otherwise be disclosed without your consent unless authorised or required by or under law.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (<http://usi.gov.au/Pages/privacy-policy.aspx>) or by contacting the Registrar at:

Privacy Officer, Office of the USI Registrar

Postal Address: GPO Box 9839, Canberra ACT 2601

Email: usi@industry.gov.au

The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- Misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- A failure by Us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

For information about how The Academy of International Education (Australia) collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to The Academy of International Education (Australia)'s privacy policy which can be found at www.taie.com.au

The Academy of International Education (Australia)'s Privacy Policy is also available in our Student Handbook, at each The Academy of International Education (Australia) office location and provided on request. This 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.

18. Acknowledgements and Declarations

Please read the following points and acknowledge your agreement below.

- I have read, acknowledge and agree to the terms described in the above Privacy Statement
- I agree to be bound by all rules and regulations of The Academy of International Education (Australia) and to abide by The Academy of International Education (Australia) Policy & Procedures.
- I have received and read the Student Handbook.
- I consent to TAIE to publish photos of myself for the purpose of marketing and advertising.
- I agree to pay all fees and charges applicable to, and arising from, this enrolment (please refer to Statement of Fees at time of enrolment).
- Although The Academy of International Education (Australia) will endeavour to run all courses and classes as promoted, I acknowledge the right of the Institute to cancel or amalgamate classes if necessary.
- I authorise The Academy of International Education (Australia), or its agent, in the event of my illness or any accident that befalls me while I am at the Institute or during any Institute organised activity, and if my next of kin cannot be contacted within a reasonable time, to seek ambulance, medical, or surgical treatment at my cost.
- I declare that the information contained on this form is true and correct.

Student Signature:

Date:

SKILLS FIRST PROGRAM

2017 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to _____
(Student's full name)

I have sighted: an original; or a certified copy; or an uncertified copy that I have verified through use of a document verification service of **one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <u>green</u> Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 3.15 – 3.19 of these Guidelines |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | |

and I have retained:

- a copy of the original or certified copy, or
- the certified copy, or
- the uncertified copy and a receipt from a document verification service;

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- a current drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

Or if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 2.1 of these Guidelines, I have sighted and retained:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's *Visa Entitlement Verification Online* (VEVO).

NB: The Training Provider must retain a copy of all documentation used in Section A, as per clauses 3.3-4 of these Guidelines.

Section B - To be completed by the student

Education history

Q1. The highest qualification I have *completed* is:

_____ *(Include full title of qualification, e.g. Certificate III in Aged Care)*

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ *(circle number)*

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0 1 2 3 4+ *(circle number)*

Q4. In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+ *(circle number)*

Student declaration

I _____, **in seeking to enrol in**
(Student's full name)

_____ *(Include full title of qualification/s in which you are seeking to enrol)*

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle appropriate response)*
- b. I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program. *(circle appropriate response):*
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the *Skills First* Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the *Skills First* Program.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____

Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s:

_____ *(Include full title of qualification/s in which the student is seeking to enrol)*

Authorised Training Provider delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes *Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C.*