



Enrolment Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs.

All staff at Australian College of Future Education are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

Application for Enrolment	
Which course would you like to enroll in?	<input type="checkbox"/> CPP20218 Certificate II in Security Operations <input type="checkbox"/> TLI41222 - Certificate IV in Motor Vehicle Driver Training (Car)
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ____/____/____
Have you ever studied with Australian College of Future Education before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information

Personal Details			
1. Enter your full name*			
Surname:			
Given names:			
<i>*Please 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 and want Australian College of Future Education to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</i>			
2. Enter your birth date	Day/month/year: ____ / ____ / ____		
3. Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
4. Enter your contact details			
Home phone:	()	Work phone:	()
Mobile:		Email address:	
5. What is the address of your usual residence?			
<i>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's 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.</i>			
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:	
6. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number	



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Personal Details			
		(e.g. 205 or Lot 118):	
Street name:		Suburb, locality or town:	
State/Territory:		Postcode:	

Language and cultural diversity	
7. In which country were you born?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other, please specify: _____
8. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only [1201] <input type="checkbox"/> Yes, other, please specify: _____
9. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Disability		
10. Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>go to question 12</i>	
11. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: <i>You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities.</i>		
<input type="checkbox"/> Hearing/deaf [11]	<input type="checkbox"/> Physical [12]	<input type="checkbox"/> Intellectual [13]
<input type="checkbox"/> Learning [14]	<input type="checkbox"/> Mental Illness [15]	<input type="checkbox"/> Acquired brain impairment [16]
<input type="checkbox"/> Vision [17]	<input type="checkbox"/> Medical Condition [18]	<input type="checkbox"/> Other [19]

Schooling		
12. What is your highest COMPLETED school level (<i>tick one box only</i>) If you are currently enrolled in secondary education, the <i>Highest school level completed</i> 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 <i>Highest school level completed</i> is Year 9.		
<input type="checkbox"/> Year 12 or equivalent [12]	<input type="checkbox"/> Year 11 or equivalent [11]	<input type="checkbox"/> Year 10 or equivalent [10]
<input type="checkbox"/> Year 9 or equivalent [09]	<input type="checkbox"/> Year 8 or below [08]	<input type="checkbox"/> Never attended school [02] <i>Go to question 14</i>
13. Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous qualifications achieved	
14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?	<input type="checkbox"/> Yes – <i>indicate below Question 15</i> <input type="checkbox"/> No – <i>Go to Question 16</i>
15. If yes, tick ANY applicable boxes	
<input type="checkbox"/>	<input type="checkbox"/>



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Employment

16. Of the following categories, which BEST describes your current employment status? (Tick one box only)

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).

<input type="checkbox"/> Full-time employee [01]	<input type="checkbox"/> Part-time employee [02]	<input type="checkbox"/> Self-employed – not employing others [03]
<input type="checkbox"/> Self-employed – employing others [04]	<input type="checkbox"/> Employed – unpaid worker in a family business [05]	<input type="checkbox"/> Unemployed – seeking full-time work [06]
<input type="checkbox"/> Unemployed – seeking part-time work [07]	<input type="checkbox"/> Not employed – not seeking employment [08]	

Study reason

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

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

Victorian Student Number To be completed by all Victorian students aged up to 24 years

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

18. Enter your Victorian Student Number (VSN)

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19. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation 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 other VET training provider since the beginning of 2011.	
<input type="checkbox"/> Yes - I have attended a Victorian school since 2009	Most recent Victorian school attended:
<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011	List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)
	1.
	2.
	3.

Unique Student Identifier (USI)

From 1 January 2015, Australian College of Future Education 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.

20. Enter your unique student identifier
If you already have one

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21. If you do not have a USI, would you like us to apply for a USI on your behalf?

<input type="checkbox"/> Yes – please complete 'Applying on your behalf' questions and application declaration.
<input type="checkbox"/> No – skip to next section



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Unique Student Identifier (USI)

APPLYING ON YOUR BEHALF

If you would like Australian College of Future Education 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.

Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

In accordance with section 11 of the *Student Identifiers Act 2014*, Australian College of Future Education 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, unless we are required by or under any law to retain it.

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

22. We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below

Australian Driver's License

State: _____

License Number: _____

Medicare Card

Medicare card number _____

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

Card colour (circle one): Green / Yellow / Blue

Expiry date ____/____/____ (format DD/MM/YYYY)

Australian Passport

Passport number _____

Non-Australian Passport (with Australian Visa)

Passport number _____

Country of issue _____

Immicard

Immicard Number _____

Citizenship Certificate

Stock number _____

Acquisition date (day/month/year) _____/_____/_____

_____/_____/_____

Certificate of Registration by Descent

Acquisition date (day/month/year) _____/_____/_____

_____/_____/_____

USI APPLICATION DECLARATION

I authorise Australian College of Future Education 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Student Signature: _____

Date: _____

/ /

Student Name: _____

Next of kin/emergency contact

These are people that Australian College of Future Education may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Australian College of Future Education.

Name:	_____	Relationship to you:	_____
Address:	_____		
Home phone:	() _____	Work:	() _____
Mobile:	_____	Email:	_____



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PRIVACY NOTICE

Under the Data Provision Requirements 2012, Australian College of Future Education 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 Australian College of Future Education for statistical, regulatory and research purposes. Australian College of Future Education may disclose your personal information for these purposes to third parties, including: 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 the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

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).

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.

Student Declaration and Consent *please tick all*

- 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.

Student Signature:

Date:

/ /

Student Name:



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DISABILITY SUPPLEMENT

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.