



COURSE ENROLMENT FORM

QF 7.5.17

All Training Applicants to Complete

Date: 13th December 2017

Qualification Code & Title:

Personal Details ID Type ID No State Issued

Mr / Mrs / Ms / Miss / Other USI No:

Surname: Given Names:

Date of Birth:/...../..... Gender: Male / Female

Residential Address:

Postal Address:

Contact Numbers: Home: () Mobile:

Email:

Town of Birth: Country of Birth:

Employment Status

Unemployed (looking for work): Less than 12 months 12-24 months More than 24 months

Employed: Casual Full-Time Part-Time Self Employed

Employer Details

Company Name:

Contact Name: Phone: ()

Fax: () Mobile:

Employers Address:

AVETMISS Information

Are you an Australian Citizen? Yes No

Do you have a permanent Resident status in Australia? Yes No

Which language do you mainly speak at home? If other, please specify English Other:

Do you consider yourself to have a disability? If yes, please indicate below: Yes No

What is the nature of your disability? Visual/Sight Hearing Physical Intellectual Chronic Illness Other

Are you from an Aboriginal or Torres Strait Island background? Yes No





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Education:

Are you currently attending secondary school? Yes No

If yes, what school: Grade:

What is your highest school level completed? 8 or below 9 or equivalent 10 11 12

What year did you complete your schooling?

Since leaving school, have you completed any qualifications? Yes No

If yes, tick appropriate level:

- | | | |
|--|---|---|
| <input type="checkbox"/> Certificate Level I | <input type="checkbox"/> Certificate Level II | <input type="checkbox"/> Certificate Level III |
| <input type="checkbox"/> Certificate Level IV | <input type="checkbox"/> Certificate Level V | <input type="checkbox"/> Certificate Level VI |
| <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Advanced/Technician | <input type="checkbox"/> Associate Diploma |
| <input type="checkbox"/> Undergraduate Diploma | <input type="checkbox"/> Other Certificate | <input type="checkbox"/> Degree or Postgraduate Diploma |

Please Specify:.....

What existing skills and knowledge does the student have that pertains to the Unit of Competency they are being trained and assessed on? Please provide as many details as you can of any tasks you have conducted in the workplace.

.....

.....

.....

LLN

Provide a short sentence on the benefits of undertaking this course.

.....

.....

Choose the word which best describes the highlighted word in the sentence.

The caterpillar **camouflaged** itself on the leaves.

The Trainee **carried out** the tasks to a high standard.

- Hidden disguised located Performed Assessed Set Up

You are eating at a restaurant and the bill is \$150.00. You need to split the bill between 6 people. How much does each person have to pay? Tick the appropriate box.

- \$5.50 \$25.00 \$7.50

You start work at 10am in the morning. Your manager tells you on your arrival that your half hour lunch break will commence in 3 ½ hours. What time will your lunch break start? Tick the appropriate box.

- 2pm 2.30pm 1.30pm

If there is currently \$139.50 petty cash in the tin how much do I need to withdraw from the bank to make \$200.00 in the tin? Tick the appropriate box.

- \$60.50 \$67.50 \$63.50





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FEES AND CHARGES

Courses or other services	Fee charged	Comments

PAYMENT TERMS

Your Registration fees (if applicable for course) and full course payments will be required in the following manner/s. Payment is at completion of course end date or with prior authorisation within seven (7) days of date of Invoice or unless otherwise organized with your Trainer & Assessor. The registration fee and training kit fee is nonrefundable.

CANCELLATION BY THE CLIENT

Course fees are non-refundable unless 48 hours' notice is given to All States Training. After this time, all cancellations will be subject to a \$50 administration fee, plus costs for expenses incurred to the point of cancellation, including all assessor and resource costs.

STUDENT SIGNATURE

Signature: Date:/...../.....

Parent/Guardian Signature (if under 18):

Data Privacy Notice

Under the *Data Provision Requirements 2012*, All States Training 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 All States Training for statistical, regulatory and research purposes. All States Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- 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 a VET Statement of Attainment or VET 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 program administration, regulation, monitoring and evaluation.

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.

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).

Student 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.

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

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





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OFFICE USE ONLY

Trainer/Assessor:

EOI document Verified YES or NO Copy of EOI document included YES or NO

Did you provide the student with any extra support to complete the course? Yes No

Please write any identified learner needs and support required for this participant to complete training:

.....

Entered into VETTRAK

Initials: Date:/...../.....

Privacy Policy for Unique Student Identifier (USI)

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- 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 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.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

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](#) or by contacting the Registrar on usi@education.gov.au or telephone 1300 857 536, international enquiries +61 2 6240 8740. 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 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

Acceptance of USI Privacy Policy

From 1 January 2015, All States Training 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/>.

If you would like us All States 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 <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> [please also include Word version]

I (Student Name)authorise All States 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

Signature: Date:/...../.....

