

## STUDENT ENROLMENT FORM

### COURSE DETAILS

<b>Code:</b>		<b>Title:</b>	
<b>Delivery Location:</b>		<b>Trainer:</b>	
<b>Office Use Only:</b>	<b>Course Code:</b>	<b>Course Date:</b>	

### PERSONAL DETAILS – Please note all fields are mandatory, and give personal details as per USI registration

<b>Applicant Status:</b>	<input type="checkbox"/> Apprentice/Trainee <input type="checkbox"/> Fee For Service <input type="checkbox"/> VET Investment Plan <input type="checkbox"/> Other:		
<b>Preferred Title:</b>	<b>First Name/s:</b>	<b>Middle Name/s:</b>	<b>Family Name (Surname):</b>
Mr. / Mrs. / Miss / Ms. / Dr. / Other:			
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Date of Birth:</b>	<b>DOB verified:</b> <input type="checkbox"/>
<b>Town of Birth:</b>		<b>Country of Birth:</b>	
<b>Residential Address:</b>	<i>Building/Property Name:</i>		
	<i>Flat/Unit No:</i>	<i>Street/Lot No:</i>	
	<i>Street Name:</i>		
	<i>Suburb/Locality/Town:</i>	<i>State/Post Code:</i>	
<b>Postal Address:</b> <small>(if different from above)</small>	<i>Building/Property Name:</i>		
	<i>Flat/Unit No:</i>	<i>Street/Lot No:</i>	
	<i>Street Name:</i>	<i>PO Box No:</i>	
	<i>Suburb/Locality/Town:</i>	<i>State/Post Code:</i>	
<b>Contact Details:</b>	<b>Mobile:</b>	<b>Home:</b>	<b>Work:</b>
	<b>Email:</b>		
	<b>Alternative Email:</b>		
<b>Do you speak a language other than English at home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Specify Language:</b>	
<b>How well do you speak English?</b>	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes →	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander	
<b>Do you hold a valid Health Care Card or Pension Concession Card?</b>	<input type="checkbox"/> Yes, Health Care Card <input type="checkbox"/> Yes, Pension Concession Card <input type="checkbox"/> No		
<b>Are you named as a partner or dependent of someone holding a valid Concession Card?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please indicate area(s):</b>	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other:		
<b>Will you require literacy, disability or special learning support, including additional assistance with English, Mathematics, reading or writing?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you applying for Recognition of Prior Learning (RPL)?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Are you still enrolled in secondary school?**

☐ No    ☐ Yes → LUI #: \_\_\_\_\_

**What is your highest COMPLETED school level?**

☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9  
☐ Year 8 or below ☐ Never attended school

**In what YEAR did you complete this level of schooling?**

**Have you SUCCESSFULLY completed any qualifications?**

☐ Yes    ☐ No

**If YES, please tick any applicable boxes:**

☐ Bachelor degree or higher degree

☐ Advanced diploma or associate degree

☐ Diploma (or associate diploma)

☐ Certificate IV (or advanced certificate/technician)

☐ Certificate III (or trade certificate)

☐ Certificate II

☐ Certificate I

☐ Other education (including certificate or overseas qualifications not listed)

**Which BEST describes your current employment status?**

☐ Full-time employee  
☐ Self-employed - employing others  
☐ Unemployed – seeking part-time work  
☐ Employed – unpaid in family business

☐ Part-time employee  
☐ Self-employed – not employing others  
☐ Unemployed – seeking full-time work  
☐ Not employed – not seeking employment

**Which BEST describes the main reason you are undertaking this course / training?**

- ☐ 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 / self-development
- ☐ To get skills for community / voluntary work
- ☐ Other reasons:

**Preferred Title:**

**First Name/s:**

**Family Name:**

Mr. / Mrs. / Miss /  
Ms. / Dr. / Other:

**Relationship to you:**

### Contact Details:

*Mobile:*

Phone H / W:

*Email:*

**Invoice to be paid by Employer** ☐

Employer Legal Name:Employer Trading Name:

**ABN:**

**Contact Person:****Workplace Address:**

### Contact Details:

Phone:

*Mobile:*

*Email:*

From 1 January 2015, we RAPAD Skilling 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 <https://www.usi.gov.au/students/create-your-usi/> on a computer or mobile device.

It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

**Please CLEARLY  
write your USI here:**

[illegible]

## REFUND POLICY

If you give notice to cancel your enrolment:

- More than 10 days prior to the commencement of a program you will be entitled to a full refund of fees paid.
- Less than 10 days prior to the commencement of a program you will be entitled to a 75% refund of fees paid. The amount retained (25%) by RAPAD Skilling is required to cover the costs of staff and resources which will have already been committed based on your initial intention to undertake the training.
- After a training program has commenced, you will not be entitled to a refund of fees.

Where refunds are approved, the refund payment will be paid within 14 days from the receipt of written notice to cancel of enrolment. Tuition refunds are to be paid via electronic funds transfer using the authorised bank account nominated by the learner on the Refund Request Form. If you have purchased a text or training workbooks and subsequently cancel, RAPAD Skilling will not refund monies for the text unless a written request for a refund is received and RAPAD Skilling is satisfied that the text is in as-new condition.

## PRIVACY AND DECLARATION

Under the *Data Provision Requirements 2012*, RAPAD Skilling 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 by RAPAD Skilling for statistical, administrative, regulatory and research purposes. RAPAD Skilling 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](http://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.

I would like to ☐ **OPT OUT** of providing consent to be photographed and/or recorded during educational or community activities run by RAPAD Skilling, for the purpose of advertising and publicity, including social media, printed publications, and RAPAD Skilling's website. I understand that it is a requirement for some assessments that I am photographed or recorded for evidence purposes and must provide consent in such instances.

I declare that I have received and/or accessed and understand RAPAD Skilling's Student Handbook. I declare that:

- I have read and understand my rights and responsibilities as a student with RAPAD Skilling.
- I have read and understand RAPAD Skilling's refund policy.
- I have received and understand information regarding all fees and payment requirements.
- I have completed and/or submitted this enrolment form without coercion (force) by any parties.
- I understand that my current Unique Student Identifier (USI), or that which was created on my behalf as authorised, will be used to collect and report my VET-related data.
- I understand that it is a requirement to complete a Student Training & Employment Survey within three months of completing or discontinuing training [students accessing Queensland Government VET Investment program]

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## UNIQUE STUDENT IDENTIFIER (USI) APPLICATION

If you would like us RAPAD Skilling 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 RAPAD Skilling 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 the web address above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with section 11 of the *Student Identifiers Act 2014*, RAPAD Skilling 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.

Please provide details for **one** of the forms of identity below.

Please ensure that the name written in 'Personal Details' section of this form 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): \_\_\_\_\_

Card Colour (select which applies):

☐ Green Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (month / year)

☐ Yellow ☐ Blue Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (day / month / year)

### 3. Australian Birth Certificate

State: \_\_\_\_\_ Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day / month / year)

Registration No: \_\_\_\_\_ Year of Registration: \_\_\_\_\_

### 4. Australian Passport

Passport Number: \_\_\_\_\_

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

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

### 6. Immicard

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

### 7. Citizenship Certificate

Stock Number: \_\_\_\_\_ Acquisition Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day / month / year)

### 8. Certificate of Registration by Descent

Acquisition Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day / month / year)