

**Instructions:** Please answer **ALL** questions on this form prior to submission. Incomplete applications will be returned for completion

QUALIFICATION SELECTION:	
<b>COURSE CODE:</b>	<b>DELIVERY LOCATION:</b> <input type="checkbox"/> Brisbane <input type="checkbox"/> Gold Coast <input type="checkbox"/> Other
<b>COURSE NAME:</b>	
<b>DELIVERY MODE:</b> <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Workplace	
STUDENT'S PERSONAL DETAILS:	
<b>TITLE:</b>	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other
<b>1. Enter your full name *</b>	Family name (surname): _____
<input type="checkbox"/> Single name only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).	First given name: _____
	Second given name (middle): _____
<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 Educare College 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>	
<b>2. Enter your birth date</b>	<b>DATE OF BIRTH:</b> /     /
<b>3. Gender (Tick ONE box only)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	Home phone: _____ Work phone: _____
	Mobile: _____
<b>4. Enter your contact details</b>	Email address: _____
	Alternative email address (optional): _____
<b>5. What is the address of your usual residence?</b>	Building/property name _____
Please provide the physical address (street number and name, not a 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.	Flat/unit details _____
	Street or lot number (e.g. 205 or Lot 118) _____
	Street name _____
	Suburb, locality or town _____
	State/territory _____
	Postcode _____
<b>6. What is your postal address (if different from above)?</b>	Flat/unit details _____
	Street or lot number (e.g. 205 or Lot 118) _____
	Street name _____
	Suburb, locality or town _____
	State/territory _____
	Postcode _____
<b>EMERGENCY CONTACT NAME:</b>	<b>RELATIONSHIP:</b>
<b>EMERGENCY CONTACT DETAILS:</b>	Mobile: _____ Work: _____
<b>Identification Provided:</b> (Please provide a colour copy)	<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Australian Citizen Certificate
	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Passport <input type="checkbox"/> Immicard No: _____
<b>Do you currently hold a health care/pensioner concession card?</b>	<input type="checkbox"/> Yes – please provide us with a coloured copy
	<input type="checkbox"/> No

## LANGUAGE & CULTURAL DIVERSITY: *(please tick)*

**7. In which country were you born?**  Australia  
 Other - please specify \_\_\_\_\_

**8. Do you speak a language other than English at home?**  
 (If more than one language, indicate the one that is spoken most often)  
 No, English only  
 Yes, other - please specify \_\_\_\_\_

**9. Are you of Aboriginal or Torres Strait Islander origin?**  
 (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)  
 No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

**Citizen/Residency Status:**  
 Australian Citizen     Australian Resident     New Zealand Citizen  
 Hold an Australian Temporary Visa - *Please provide us with a certified copy of your visa*

## DISABILITY

**10. Do you consider yourself to have a disability, impairment, or long-term condition?**  
 Yes  
 No – *Go to question 12*

**11. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:** (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19

## EDUCATION & TRAINING INFORMATION:

**12. What is your highest COMPLETED school level? (Tick ONE box only)**  
 If you are currently enrolled in secondary education, the *Highest school level completed* 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 *Highest school level completed* is Year 9.

<input type="checkbox"/> Year 12 or equivalent	
<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	
<input type="checkbox"/> Year 9 or equivalent	
<input type="checkbox"/> Year 8 or below	
<input type="checkbox"/> Never attended school	<b>Never completed any primary or secondary level education – go to question 14</b>

**13. Are you still enrolled in secondary or senior secondary education?**  
 Yes  
 No

**14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**  
 Yes  
 No

**14.1 Are you currently studying in any of the qualifications listed in question 15?**  
 Yes  
 No – go to question 16

<b>15. If YES, tick ANY applicable boxes.</b>	<input type="checkbox"/> Bachelor degree or higher degree
	<input type="checkbox"/> Advanced diploma or associate degree
	<input type="checkbox"/> Diploma (or associate diploma)
	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)
	<input type="checkbox"/> Certificate III (or trade certificate)
	<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)

**EMPLOYMENT INFORMATION:**

<b>16. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</b> 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
	<input type="checkbox"/> Part-time employee
	<input type="checkbox"/> Self employed – not employing others
	<input type="checkbox"/> Self employed – employing others
	<input type="checkbox"/> Employed – unpaid worker in a family business
	<input type="checkbox"/> Unemployed – seeking full-time work
	<input type="checkbox"/> Unemployed – seeking part-time work
	<input type="checkbox"/> Not employed – not seeking employment

<b>17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course /traineeship/apprenticeship (Tick ONE box only)</b>	<input type="checkbox"/> To get a job
	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business
	<input type="checkbox"/> To try for a different career
	<input type="checkbox"/> To get a better job or promotion
	<input type="checkbox"/> It was a requirement of my job
	<input type="checkbox"/> I wanted extra skills for my job
	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> For personal interest or self-development
	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

**Other Information:**

<b>Are you applying for any Credit Transfer/s or Recognition of Prior Learning (RPL)?</b>	<b>Credit Transfer/s:</b> for previously completed study. <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Please provide a copy of your certified transcript / certificate.</i>	<b>Recognition of Prior Learning</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>an RPL application form with instructions will be sent to you upon completion of enrolment.</i>

## Unique Student Identifier (USI)

Do you currently have a Unique Student Identifier (USI) No.?

Yes - USI No. is

and I hereby authorise Educare College to verify my USI.

No - You can apply for a USI by visiting - <https://www.usi.gov.au/students/create-usi> or fill out the USI creation authorisation form below for Educare College to apply on your behalf

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

If you would like Educare College 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 \_\_\_\_\_ authorise Educare College 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.

## STUDENT AGREEMENT:

By accepting these Terms and Conditions, I agree that:

### ENROLMENT

I confirm that I am over 18 years of age or have provided parental/guardian consent to undertake training with Educare College.

I understand that my Enrolment with Educare College for the qualification nominated will only be completed when this Enrolment Form and Student Agreement have been received and accepted, and the Enrolment Fee payment has been *receipted*, by Educare College.

I declare that advice has been provided to me concerning expectations and rules regarding Queensland Government Funded training programs offered by Educare College.

I acknowledge that I may no longer be eligible for Government subsidised training once I have completed the qualification.

I declare that I am committed to the commencement and completion of the course stipulated in my Enrolment Form. I also understand that it is an unlawful offence to provide misleading or false information and confirm that, to the best of my knowledge, the information and supporting evidence supplied to Educare College by me is true and correct. I also acknowledge that if I do not provide the information and/or evidence required by Educare College, they may not be able to process my enrolment into my nominated unit(s)/course.

### STUDENT HANDBOOK AND PRIVACY POLICY

I have received and understand the Educare College privacy notice.

I hereby confirm that I have received a copy of Educare Colleges Student Handbook with the Student Enrolment Form. I agree that as a student of Educare College I will conduct myself in accordance with the requirements set out in the Colleges Student Handbook and, any relevant policies advised to me by Educare College, and I understand that should I breach any of these obligations I may be immediately withdrawn from my nominated course by Educare College.

I hereby consent for Educare College to provide reports relating to my attendance and progress throughout my nominated course to all relevant authorities, as well as other relevant Third Parties, who may be required to review my assessments and results.

I understand that Educare College needs to collect personal and sometimes sensitive information about me for the purposes of processing my enrolment application into my nominated unit(s)/course(s) and managing my participation throughout the duration of my course. I also understand that Educare College must provide this information, and other data collected, to

relevant Third Parties as required, in addition to the Department of Employment, Small Business & Training and ASQA, by providing detailed reports relating to my studies and course fee payments, to relevant authorities and applicable third parties as required.

I agree that Educare College may communicate with me via a range of methods, including by phone, mail, and email for the purpose of providing the training and assessment services, for which I am enrolling.

I understand that I have the right to access any personal information which Educare College holds in reference to me, subject to exceptions in relevant privacy legislation.

## MARKETING CONSENT

Yes I grant permission for the RTO to utilise photo's or videos of myself in marketing material including social media accounts, the RTO's website and printed publications including assessment items and training material.

No

### ALL DETAILS PROVIDED BY ME IN THIS FORM ARE TRUE AND CORRECT.

I agree to notify Educare College **immediately in writing** if there are any changes to the details, I have provided within the Student Enrolment Form. I confirm that I have **read, understood, and agree** with the above statements and conditions of enrolment.

Student's Name:		Dated:    /    /
Student's Signature:		
Parent/Guardian's Name: <i>(If under 18 years old)</i>		Dated:    /    /
Parent/Guardian's Signature: <i>(If under 18 years old)</i>		

### OFFICIAL USE ONLY:

ELIGIBILITY CHECKS			
Document Sighted	Document Number	Document Sighted	Document Number
Birth Certificate		Concession Card Number	
Passport		VISA Number: <i>(if applicable)</i>	
Drivers Licence		Citizenship & Residency requirements satisfied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Card		Age eligibility requirements satisfied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commonwealth 'USI'		Other Form of ID provided	
<input type="checkbox"/> Original document/evidence sighted, verified, copied and placed in Student's File <input type="checkbox"/> Certified copy of document/evidence received and placed in Student's File <input type="checkbox"/> Eligibility to receive Commonwealth/State funding verified and approved.			

Verified by: \_\_\_\_\_

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

**Annexure 1 - 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.

## Educare College Privacy Notice

Under the *Data Provision Requirements 2012*, Educare College 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 Educare College for statistical, administrative, regulatory and research purposes. Educare College 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)).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.