

## TRAINING ENROLMENT FORM

### Privacy Notice

#### Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

#### How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

#### How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

#### How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

#### Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

#### Contact information

At any time, you may contact Work & Training to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

[info@workandtraining.com.au](mailto:info@workandtraining.com.au)

<https://www.workandtraining.com.au/wp-content/uploads/2019/07/IntoWork-Australia-Privacy-Policy-August-2018.pdf>

# TRAINING ENROLMENT FORM

Code: \_\_\_\_\_ Course/Qualification: \_\_\_\_\_

Date of enrolment: \_\_\_\_\_ Unique Student Identifier (USI): \_\_\_\_\_

Title: *(Please tick)* Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Mobile : \_\_\_\_\_ Work No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male:  Female:  Other:

Emergency/Next of Kin Contact Details: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Of the following categories, which best describes your current employment status? *(Tick ONE box only)*

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a 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"/> Self employed – employing others     | <input type="checkbox"/> Not employed – not seeking employment         |

Were you born in Australia?  Y  N If not, please specify \_\_\_\_\_

Are you still attending School?  Y  N If NO what year did you complete? \_\_\_\_\_

What is your highest COMPLETED school level? *(Tick ONE box only)*

- |  |  |
|--|--|
| <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 |

Are you of Aboriginal or Torres Strait Islander origin? Yes  No

Aboriginal  Torres Strait Islander  Both

Do you speak a language other than English at home? English Only  Other Please specify \_\_\_\_\_

# TRAINING ENROLMENT FORM

Do you consider that you have a disability, impairment or long-term condition? *(You may indicate more than one area)*

Please refer to the Disability supplement attached for an explanation of the following disabilities. *(Page 4)*

<input type="checkbox"/> No	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Learning	<input type="checkbox"/> Acquired Brain Impairment

Other – please specify: \_\_\_\_\_

## The fees are being paid by:

Govt Funding  JobActive  Student  Employer\*

Have you SUCCESSFULLY completed any of the following qualifications?

<input type="checkbox"/> Yes <i>(please tick ANY applicable boxes)</i>	<input type="checkbox"/> No
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

Of the following categories, which best describes your main reason for undertaking this course/traineeship?

*(Tick ONE box only)*

<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"/> Other reasons
<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/>

I consent to the information contained on these forms and information about the progress of my studies to be provided to relevant government agencies and approved bodies, for research and social services purposes.

I have been fully informed about the services provided by Work & Training and I am aware of my rights and obligations.

I consent to Work & Training applying for, or searching for, a USI on my behalf (in the event that I don't already have one).\*

Preferred contact method: Email  Phone number:

**\*\* Training Consultant to confirm ID Documents sighted:** (please tick one and **attach copy**).

Driver's Licence  Medicare card  Australian Passport  Australian Birth Certificate  Other \_\_\_\_\_

**Town or City of Birth** \_\_\_\_\_

**Signed (student):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer name (print):** \_\_\_\_\_ **Signed (trainer):** \_\_\_\_\_ **Date** \_\_\_\_\_

## OPTIONAL

Do you consider that you need access to a support service? *(You may indicate more than one area)*

Language Literacy and Numeracy  Mental Health Services  
 Counselling Services  Financial Advice  Other *(Please specify)* \_\_\_\_\_

# Disability supplement

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## Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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## **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.