

2021 Enrolment Form

Please complete ALL sections clearly and carefully.

1. Unique Student Identifier (USI)

USI:

If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device.

2. Program Details

Course Name / Units:

Unit/s - Tick all that apply	Medecs Course Code	Date of Workshop/s	Region
HLTHPS006 Assist clients with medication			
HLTAAP001 Recognise health body systems			
HLTAID001 / HLTAID003 – First Aid Program			
HLTAID001 Provide CPR			

How did you find out about the program?

- Advertisement
 Word of mouth
 Existing customer
 Job Services Australia Agency (Name): _____
 Internet
 Other (please specify) _____

3. Personal Details

Surname: _____ Given Names: _____

Preferred Name: _____ Title: (Please tick) Mr Mrs Miss Ms

Date of Birth: ____/____/____ Gender: (Please tick) Male Female Other

Former Surname (if applicable): _____ Town/City of Birth: _____

Contact Details/Numbers: Home (03) _____ Work: (03) _____

Mobile: _____ Email address: _____

Medecs Learning email you training updates, news and tips relevant to training, so you stay up to date.

I give permission to receive by email information by Medecs Learning. Please place a tick in the box

What is the address of your usual residence?

Flat/Unit number: _____ Street number: _____

Street Name: _____

Suburb, locality or town: _____ Post Code: _____

What is your postal address (if different from above)?

Post Office Box Number: _____ or

Flat/Unit number: _____ Street number: _____ Street Name: _____

Suburb, locality or town: _____ Post Code: _____

Emergency/Next of Kin Contact Details:

Name: _____ Relationship to you: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Preferred Method of contact: (Tick one) Email Phone Mail

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4. Employment details

Tick one that best describes your current employment status

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

Employer (Company Name): _____ (If unemployed leave blank))

Which of the following classifications BEST describes the Industry of your current Employer? (Tick ONE box only)

- | | |
|---|---|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing | <input type="checkbox"/> K - Financial and Insurance Services |
| <input type="checkbox"/> B - Mining | <input type="checkbox"/> L -Rental, Hiring and real Estate Services |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> M -Professional, Scientific and Technical Services |
| <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> E - Construction | <input type="checkbox"/> O - Public Administration and Safety |
| <input type="checkbox"/> F- Wholesale Trade | <input type="checkbox"/> P -Education and Training |
| <input type="checkbox"/> G - Retail Trade | <input type="checkbox"/> Q - Health Care and Social Assistance |
| <input type="checkbox"/> H - Accommodation and Food Services | <input type="checkbox"/> R - Arts and recreation Services |
| <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> S - Other Services |
| <input type="checkbox"/> J - Information Media and telecommunications | |

Your position at work: _____

Which of the following classifications BEST describes your current occupation? (Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> 1 – Managers | <input type="checkbox"/> 6 – Sales Workers |
| <input type="checkbox"/> 2 – Professionals | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 8 – Labourers |
| <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 9 – Other |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers | |

5. Language and Cultural Diversity

In which country were you born? Australia Other - please specify _____

Do you speak a language other than English at home? No, English only

Yes, other – please specify _____

Are you of Aboriginal or Torres Strait Islander origin? (Tick one).

- No Yes Aboriginal Yes Torres Strait Islander Both Aboriginal and TSI

6. Disability

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

Yes No

- | | | | | |
|--|-----------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Hearing /deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other | |

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7. Schooling

Are you still attending secondary school? Yes No

What is your highest COMPLETED school level? (Tick one only)

- | | |
|--|--|
| <input type="checkbox"/> Completed year 12 | <input type="checkbox"/> Completed year 11 |
| <input type="checkbox"/> Completed year 10 | <input type="checkbox"/> Completed year 9 |
| <input type="checkbox"/> Completed year 8 or below | <input type="checkbox"/> Never attended school |

What year did you complete the above school level? _____

What school did you attend? _____

8. Qualifications

Have you successfully completed any of the following qualifications? Yes (tick all that apply) 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 |
| <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) | |

9. Study Reason

Of the following categories, which best describes your main reason for undertaking this program? (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"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons | |

10. Privacy Statement and Student Declaration

Under the *Data Provision Requirements 2012*, St Michaels 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) may be used or disclosed by St Michaels Training for statistical, regulatory and research purposes. St Michaels Training 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

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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).

Learner 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.

Learner Signature: **Date:**

Parent/Guardian Signature: **Date:**

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

Please note: St Michaels Training will issue your Statement of Attainment within 30 calendar days of being assessed as meeting all the requirements of the unit(s) of competency, provided all agreed fees have been paid.

If your employer has paid for you to complete the unit(s), and requests a copy of the Statement of Attainment, you are required to provide written approval. Please provide approval for a copy to be issued to your Employer:

- I give permission for my employer to receive a copy of my Statement of Attainment.
- I am a Supported Employee in an ADE and I authorise my Statement of Attainment to go directly to my place of employment for collection and a copy provided to my employer.
- I do not give permission for my employer to receive a copy of my Statement of Attainment

Signed: _____ **Date:** _____

OFFICE USE ONLY:

- (New registration) Entered into VETtrak: New Client ID: _____
- (Existing registration) Details updated in VETtrak
- Unique Student Identifier Verified
- Unique Student Identifier supplied

Staff Member Name: _____

Signature: _____ Date ____/____/____

Comments:

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