

## 2021 Enrolment Form

Please complete ALL sections clearly and carefully.

### 1. Unique Student Identifier (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

USI:

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### 2. Program Details

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
  Internet
  Job Services Agency (Name): \_\_\_\_\_  
 Existing customer
  Word of mouth
  Other (please specify) \_\_\_\_\_

### 3. Personal Details

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names

Surname: \_\_\_\_\_ First given name: \_\_\_\_\_

Second given name (middle): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: (Please tick)  Mr  Mrs  Miss  Ms Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: (Please tick)  Male  Female  Other Town/City of Birth: \_\_\_\_\_

Contact Details/Numbers: Home (03) \_\_\_\_\_ Work: (03) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Alternative email address (optional): \_\_\_\_\_

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: \_\_\_\_\_

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"/> Unemployed – seeking full-time work           |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking part-time Work           |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Not employed – not seeking employment         |
| <input type="checkbox"/> Self Employed – employing others     | <input type="checkbox"/> Employed – unpaid worker in a family business |

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

Please refer to the Disability supplement for an explanation of the following disabilities.

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

#### 7. Schooling

Are you still attending secondary school?  Yes  No

What is your highest COMPLETED school level? (Tick one 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

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

What year did you complete the above school level? \_\_\_\_\_

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## 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"/> I wanted extra skills for my job           |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get into another course of study        |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> For personal interest or self-development  |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons                              |
| <input type="checkbox"/> It was a requirement of my job   |   |

## 10. Privacy Statement

### 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.

*If you choose not to provide your personal information to us, you will not be able to enrol in training 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 (Skills Tasmania).

### 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).

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If you would like to seek access to or correct your information, in the first instance, please contact St Michaels Training 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 NCVET 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 St Michaels 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

**11. 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 or Certificate.
- I am a Supported Employee in an ADE and I authorise my Statement of Attainment or Certificate 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 or Certificate
- I give my permission for the St Michaels Training to use my image and or testimonial in their Marketing and Advertising materials.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 03 6333 2600  
[info@stmichaelstraining.tas.edu.au](mailto:info@stmichaelstraining.tas.edu.au)  
[www.stmichaelstraining.tas.edu.au](http://www.stmichaelstraining.tas.edu.au)

**OFFICE USE ONLY:**

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

Staff Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

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