



Student Enrolment Form

Date: _____

How did you hear about us: _____

| Office use only: | |
|-----------------------------|--------------------------|
| Z30 –MOU | <input type="checkbox"/> |
| P - Profile/HESG | <input type="checkbox"/> |
| L – Apprentice/Trainee | <input type="checkbox"/> |
| Fee for Service | <input type="checkbox"/> |
| ASP - Asylum Seeker | <input type="checkbox"/> |
| Information recorded on SMS | <input type="checkbox"/> |
| Name: _____ | Date: _____ |

Name

| | | |
|----------------------|--|---------------------------------|
| Enter your full name | Surname (Legal Family Name) | Given Names (Legal Given Names) |
| Preferred Name: | _____ | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____ | |

Usual Residence

| | |
|--|---------------------------|
| What is the address location and postcode of the suburb, locality or town in which you usually live? | _____ |
| | _____ |
| | _____ Postcode _____ |
| Telephone: | Home: _____ Mobile: _____ |
| E-mail Address: | _____ |

Postal address

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

Date of birth

| | | | | |
|--------------------------|----------------|----------------------|----------------------|----------------------|
| Enter your date of birth | Day/Month/Year | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | dd | mm | yyyy |

Sex

| | |
|---------------------|---|
| (tick one box only) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified |
|---------------------|---|

Parent/Guardian Contact

| | |
|-------------------------|--|
| Parent/Guardian Contact | Full Name: _____ Telephone: _____ Relationship to student: _____ E-mail address: _____ |
|-------------------------|--|



Emergency Contact (if parent/guardian is uncontactable)

| | |
|-------------------|-----------------------------------|
| Emergency Contact | Full Name: _____ Telephone: _____ |
| | Relationship to student: _____ |

Language and cultural diversity

| | |
|---|---|
| <p>In which country were you born?</p> | <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify Country AND Town/City <hr/> |
| <p>Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) English only – Go to Question 9</p> | <p>If you were not born in Australia please indicate which of the following apply to you?</p> <input type="checkbox"/> Australian Citizen or Eligible Resident <input type="checkbox"/> Overseas Resident <input type="checkbox"/> None of the above. Please consult our staff regarding your enrolment <input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other - Please specify |
| <p>How well do you speak English?</p> | <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All |
| <p>Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)</p> | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> (Please mark both 'Yes' boxes if you are of both Aboriginal and Torres Strait Islander origin). |

Disability

| | |
|--|---|
| <p>Do you consider yourself to have a disability, impairment or long-term condition? No – Go to Question 12</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>If Yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)</p> | <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 Please specify: <hr/> |



Schooling

| | |
|--|---|
| <p>What is your highest COMPLETED school level? (Tick ONE box only.)</p> <p>Never attended school – Go to Previous Qualification Achieved section</p> <p>In which YEAR did you complete that school level? _____</p> <p>Are you still attending secondary school?</p> | <p><input type="checkbox"/> Completed Year 12</p> <p><input type="checkbox"/> Completed Year 11</p> <p><input type="checkbox"/> Completed Year 10</p> <p><input type="checkbox"/> Completed Year 9 or Equivalent</p> <p><input type="checkbox"/> Completed Year 8 or Lower</p> <p><input type="checkbox"/> Never attended School</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

Previous qualification achieved

| | |
|---|--|
| <p>Have you SUCCESSFULLY completed any of the following qualifications? No – Go to Employment section</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>If Yes, please enter one of these Prior Education Achievement Recognition Identifiers to identify the highest qualification level you have already achieved.</p> <p>A – Australian E – Australian equivalent I – International</p> <p>Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:</p> <ol style="list-style-type: none"> A – Australian E – Australian equivalent I – International | <p>A E I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than the above</p> |

Employment

| | |
|---|--|
| <p>Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)</p> | <p><input type="checkbox"/> Full-time employee</p> <p><input type="checkbox"/> Part-time employee</p> <p><input type="checkbox"/> Self employed - not employing others</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Employed - unpaid worker in a family business</p> <p><input type="checkbox"/> Unemployed - seeking full-time work (go to question 20)</p> <p><input type="checkbox"/> Unemployed - seeking part-time work (go to questions 20)</p> <p><input type="checkbox"/> Not employed - not seeking employment</p> |
| <p>Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)</p> <p>If unemployed go to Study Reason section.</p> | <p><input type="checkbox"/> 1 – Managers</p> <p><input type="checkbox"/> 2 – Professionals</p> <p><input type="checkbox"/> 3 – Technicians and Trade Workers</p> <p><input type="checkbox"/> 4 – Community and Personal Service Workers</p> <p><input type="checkbox"/> 5 – Clerical and Administrative Workers</p> |



Victorian Student Number

To be completed by all students aged up to 24 years:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

| Question | | |
|---|---|--|
| <p>Enter your Victorian Student Number (VSN)</p> <p>Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?</p> | <p style="text-align: center;">□ □ □ □ □ □ □ □ □ □</p> <p>If you entered your VSN above please go to the next page.</p> <p>No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.</p> <p>If you answered No above please go to the next page.</p> <p>Yes - I have attended a Victorian school since 2009:</p> <p>Most recent Victorian school attended and / or</p> <p>Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011</p> <p>List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)</p> <p>..... </p> | <p>OFFICE USE:</p> <p>Code VSN as 888 888 888</p> <p>Leave VSN blank</p> <p>Leave VSN blank</p> <p>NOTE: Training providers are not required to store details of schools and training organisations previously attended on their student management system. This information may be requested by the VSN team to help the team to ensure that they allocate only one VSN to each student over time and over all training organisations attended.</p> |



Enrolment Confirmation and Privacy Notice (Including Victorian Government VET Students)

I verify that all details provided on this enrolment form are accurate at the time of enrolment and that I have truly disclosed my highest education qualification Yes No
 I do not give consent to be placed on Narre Community Learning Centre’s email/mail listing to receive information about courses, promotional offers and special events.

I understand that:

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

Narre Community Learning Centre Inc. (NCLC) is required to provide the Department with student and training activity data. This includes personal information collected in the NCLC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth’s Unique Student Identifier (USI).

NCLC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student’s USI may be used for specific VET purposes including the verification of student data provided by NCLC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department’s collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact NCLC’s Compliance Manager in the first instance by phone 9704 7388 or email jo.bigley@nclc.vic.edu.au .

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>. For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government’s VET Student Enrolment Notice.

Student Signature: _____ **Date** ____ / ____ / ____

Guardians Signature: _____ **Date** ____ / ____ / ____

(Youth Students only)

**** Written approval by a parent or guardian of a student under the age of 18 years to undertake a course must be obtained at enrolment as specified in the VRQA minimum standards ****

I _____ give permission for _____
 _____ (Parent guardian name) _____ (Student name)

to commence studies in (course code and name) _____

Parent / Guardian Signature: _____ **Date:** ____ / ____ / ____

Statuary declaration for informal relative Carers completed Yes No