

Enrolment Form & Training Agreement

Australian College of Higher Studies | 90924

www.auschs.edu.au

1300 600 888



LEARNER INFORMATION

1. PERSONAL DETAILS			
First Name:		Middle Name:	Last Name:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Phone: (Compulsory)	Email: (Compulsory)		Preferred Name/Known By?
Residential Address:			Post Code:
Workplace Name:		Suburb of Training:	
2. EMERGENCY CONTACT			
Full Name:			
Relationship:		Phone: (Compulsory)	
3. EMPLOYMENT STATUS			
Of the following categories, which BEST describes your current employment status?			
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Unemployed - seeking full-time work	
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Unemployed - seeking part-time work	
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed - not seeking employment		
4. UNIQUE STUDENT IDENTIFIER (USI)			
Yes, I already have a USI, it is:		No, I do not have a USI, please apply for a USI on my behalf: <input type="checkbox"/> Yes	
5. LANGUAGE			
Do you speak English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, what language is spoken at home?	
Rate your spoken English proficiency? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
6. VERIFICATION OF IDENTIFICATION			
Please select and attach a photo/photocopy of <u>ONE</u> valid & current form of Australian photo identification.			
<input type="checkbox"/> Australian Driver's Licence, or	<input type="checkbox"/> Australian Proof of Age Card, or	<input type="checkbox"/> Australian or New Zealand Passport	
7. CITIZENSHIP			
Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other: (please specify)		Town/City of Birth: e.g. Camperdown, Sydney NSW	
CITIZENSHIP			
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen		<input type="checkbox"/> Humanitarian Visa Holder	
<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Other type of Visa Holder	
If you selected one of these categories, please select below, and attach a photo / photocopy of <u>ONE valid & current</u> form of identification to confirm citizenship.			
<input type="checkbox"/> Medicare Card, or <input type="checkbox"/> Australian or New Zealand Passport, or		If you selected one of these categories, please select below, and attach a photo/photocopy of <u>EACH</u> of your <u>valid & current</u> Passport & Visa details.	
<input type="checkbox"/> Australian Birth Certificate (NB: A birth extract is not sufficient), or		<input type="checkbox"/> Non-Australian Passport, and	
<input type="checkbox"/> Australian Citizenship Certificate		<input type="checkbox"/> Visa	

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8. INDIGENOUS ORIGIN

Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

No, I am not of Aboriginal or Torres Strait origin Yes, I am of Aboriginal origin Yes, I am of Torres Strait origin

I confirm with my signature below, that if required, I could provide documentary evidence to validate my Aboriginal and/or Torres Strait Islander origin.

Signature:

9. SCHOOLING

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

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent
 Year 8 or below Never attended school

Are you still attending High School?

Yes No

If No, in which calendar year did you complete High School?

If Yes, Current School Level:

Year 12 Year 11 Year 10 Year 9 Year 8 or below

If Yes, Attending School:

10. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No, (proceed to section 11)

If Yes, please select the areas of disability, impairment or long-term condition: (You may indicate more than one area)

Hearing/Deaf Physical Vision Medical Condition Other (Please specify):
 Mental Illness Learning Intellectual Acquired Brain Impairment

*If yes, please attach proof of disability e.g., letter from medical practitioner or specialist support person

11. PRIOR EDUCATION

Have you successfully COMPLETED any full qualifications?

Yes No, (proceed to section 12)

IF YES, PLEASE RECORD THE QUALIFICATION(S) YOU HOLD.

Qualification Level E.g. Diploma	Qualification Title	Year Completed	Completed at school?	Completed after school?

Do you wish to apply for Recognition of Prior Learning (RPL)?

Yes, Please complete RPL Application Form No, I do not wish to apply for RPL.

If you have significant experience/knowledge/current competency in any of the units you are enrolling in, you may wish to apply for Recognition of Prior Learning (RPL).

Do you wish to apply for Credit Transfer (CT)?

Yes No

Please attach SOA or certificate to this form.

12. COMMONWEALTH BENEFIT OR ALLOWANCE

Are you a current recipient or a dependant of a recipient of a Disability Support Pension? If Yes, tick all that apply below.

Yes No

If Yes, please select, and attach a photo /photocopy of ONE of the below types of valid & current documents.

This evidence may enable you to claim a Fee Exemption if enrolled under the Smart and Skilled program.

Disability Concession Card
 A letter from a medical practitioner outlining what training support is required due to your disability.

Centrelink correspondence (including CRN) confirming:

You are a recipient of a Disability Support Pension
 You are a dependant of a recipient of the Disability Support Pension

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12. COMMONWEALTH BENEFIT OR ALLOWANCE (Continued)

Are you a current recipient or dependent of recipient of any of the below [Australian Government welfare benefit or allowance](#)?

If Yes, tick all that apply below

Yes No, (proceed to section 13)

- | | | |
|---|--|--|
| <input type="checkbox"/> Austudy | <input type="checkbox"/> Age Pension | <input type="checkbox"/> Exceptional Circumstance Relief Payment |
| <input type="checkbox"/> Youth Allowance | <input type="checkbox"/> Wife Pension | <input type="checkbox"/> Special Benefit |
| <input type="checkbox"/> Newstart | <input type="checkbox"/> Veterans' Affairs Pensions | <input type="checkbox"/> Social Housing or NSW Housing Register waiting list |
| <input type="checkbox"/> Family Tax Benefit Part A (Maximum Rate) | <input type="checkbox"/> Veterans' Children Education Scheme | |
| <input type="checkbox"/> Parenting Payment (Single) | <input type="checkbox"/> Widow Allowance | |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Widow B Pension | |
| <input type="checkbox"/> Sickness Allowance | <input type="checkbox"/> Farm Household Allowance | |

Please attach a photo/photocopy of ONE of the below types of **valid & current** documents. This evidence may enable you to claim a Fee Concession if enrolled under the Smart and Skilled program.

NB: A NSW New Entrant Trainee on a Newstart allowance is not eligible for a **concession fee**. The Carer Payment is different from the Carer Allowance or Carer Adjustment Payment.

- Centrelink Concession Card (with correct coding)
Centrelink correspondence (including CRN) confirming:
- Receipt of the welfare benefit or allowance
- Dependence on a recipient of the welfare benefit or allowance

What is your Centrelink Customer Reference Number (CRN)? If applicable.

13. EQUITY ASSISTANCE

Equity assistance may be available if you require assistance or support in any of the following categories. Please consult with AUSCHS Representative if you require information. Evidence must be supplied with this enrolment form, which may include: A verbal assessment of the candidate by the trainer; or a written statement from the learner (or parents if applicable); or a written statement from the employer or a medical certificate.

Do you require assistance due to literacy or numeracy barriers, including learning disabilities? Yes No

If Yes, please specify:

Do you require assistance due to language barriers? Yes No

Do you require provisions for a sign interpreter for a hearing impairment or note taking for visual impairment? Yes No

Do require any other assistance or support? Yes No

14. STUDY REASON

Which of the following, BEST describes your main reason for undertaking this training? (Tick one box only)

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

15. EMPLOYMENT SERVICE PROVIDER DETAILS AND ESP CLIENT ID

Are you a client of an Employment Service Provider (ESP)?

Yes No, (proceed to section 16)

What is the name of your Employment Service Provider (ESP)?

What is your Employment Service Provider (ESP) Client ID?

Did your Employment Service Provider (ESP) refer you to the training?

Yes No

What is the Employment Service Provider (ESP) referral ID? (Please mention if referred by an ESP provider)

16. PRIVACY NOTICE

Under the Data Provision Requirements 2012, AUSCHS is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Please see <https://www.ncver.edu.au/privacy> for more information.

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by AUSCHS for statistical, administrative, regulatory and research purposes. AUSCHS 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 learner 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 learner 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.

<https://www.asqa.gov.au/standards/chapter-2NCVER> 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).

Consent to Use and Disclosure of Personal Information to The NSW Department of Education & Communities and Other Government Agencies

I consent, understand and agree that, under the Data Provision Requirements 2012, Maxwells Services Pty Ltd is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by AUSCHS for statistical, regulatory and research purposes.

AUSCHS may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary learner undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department);
- NCVER;
- Organisations conducting learner surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and
- consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER learner survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Maxwells Services for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

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16. PRIVACY NOTICE (Continued)

LEARNER ACKNOWLEDGMENT:

- For more information about Smart and Skilled please see <https://smartandskilled.nsw.gov.au>
- I acknowledge that I have reviewed the Fact Sheet: Learner Information for the Unique Student Identifier (www.usi.gov.au/students).
 - I confirm AUSCHS is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.
- I have read and understand the Pre- Enrolment information provided to me including the Pre- Enrolment information pack and the Smart and Skilled Learner Information Handbook, which includes RTO Policies, Procedures, Refund Policy, & RPL/ Credit transfer information.
- I am aware of my role and AUSCHS role and responsibilities, and have been informed of:
 - the fees chargeable, Smart and Skilled and RTO Consumer protection information, Subcontractor information (if relevant), How learners can access support during training, Contact details for any support services provided, Withdrawal policy – Pre-Enrolment Learner Information Handbook, what the you should do if they want to defer or discontinue their Training, information on how you access support and assistance during the training; and contact details for various support services within the Provider, e.g. interpreter services.
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for the government subsidised training, and/or cancellation of my enrolment at the discretion of my Registered Training Organisation
- The AUSCHS's Training Fees & terms of trade, as outlined in this document and the Workplace Consultation Agreement
- I agree to pay the training fees listed on this document (if applicable and not being paid by my employer or other organisation)
- I understand that if an employer or other organisation is paying the enrolment fee or contributing to the training cost, AUSCHS will provide the employer or other organisation with progress reports on my training from time to time or as required
- I have consulted on the Consultation Agreement for my workplace and the development of the training plan and
- I agree to AUSCHS's Training Fees & terms of trade, as outlined in this document and the Workplace Consultation Agreement
- AUSCHS would like to be able to use information about your training experiences in marketing materials for viewing by the public and for the purpose of promotion.
- This confirms that you agree and authorise the following:
 - AUSCHS is able to use information that it currently holds about my training experiences with the RTO, quote your words, information, image, or audio/visual recordings of you providing feedback/endorsements, as many times and in as many ways as required for the sole purpose of promoting e.g. brochures, on websites and social media, in newspapers, etc.
 - Image(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes.
 - You will not be consulted further about the specific context in which your words, information, image, or audio/visual recordings will appear
 - Personal and confidential information will not be released, only your name, position & employer (as relevant)

LEARNER AUTHORITY:

Learner Signature:	Learner Full Name:	Date:
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PARENT/ GUARDIAN AUTHORITY: (IF LEARNER IS UNDER 18YRS OLD)

Parent/ Guardian Signature:	Parent/ Guardian Full Name:	Date:
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