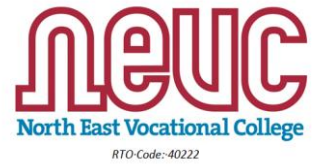


STUDENT ENROLMENT FORM



Please complete **all** sections of this form. If you require assistance completing this form, please ask your trainer or assessor for assistance.

Qualification Code: Qualification Title:

VETtrak ID: (Office use only) Unique Student Identifier:

WorkReady Participant Number:

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SACE ID (only if currently attending high school):

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PERSONAL DETAILS

(Please tick) Title: Mr Miss Mrs Ms Other Gender: Male Female Other

Single name only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').

Family Name:

Given Names:

Date of Birth: City or Town of Birth:

Residential Address:

Suburb: State: Postcode:

Postal Address (if same as residential, please write 'as above'):

Suburb: State: Postcode:

Phone: Mobile:

Email:

Driver's Licence: CITB ID Number (if registered)

School (if applicable)

Is there any information regarding your health or personal circumstances that would affect your study at this College?

YES NO Please provide details:

EMPLOYMENT DETAILS

EMPLOYER NAME (if applicable)

If you do **not** live in South Australia, do you work in South Australia? YES NO

Employer Postcode (if yes): Employer Suburb:

EMERGENCY CONTACT

Name: Relationship:

Phone:

FAMILY DOCTOR DETAILS

Name: Suburb:

Phone:

STUDENT ENROLMENT FORM

1. Were you born in Australia?	Y	N
If not, Country of Birth:		
2. Do you speak a language other than English at home?	Y	N
If YES, please specify:.....		
3. Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal AND Torres Strait Island origin, mark both 'YES' boxes)</i>		
NO		
YES, Aboriginal		
YES, Torres Strait Islander		
4. Do you consider yourself to have a disability, impairment or long term medical condition?	Y	N
If YES, please indicate the areas of disability, impairment or long term condition: <i>(You may indicate more than one area)</i>		
Hearing/Deaf		
Physical		
Intellectual		
Learning		
Mental Illness		
Acquired Brain Impairment		
Vision		
Medical Condition		
Other		
5. Which is your highest COMPLETED school level?		
Completed Year 12 or equivalent		
Completed Year 11 or equivalent		
Completed Year 10 or equivalent		
Completed Year 9 or equivalent		
Year 8 or below		
Never attended school		
6. Are you currently enrolled in secondary school?	Y	N
If yes, indicate which of the following applies:		
School Based Apprenticeship, Training Contract		
Training Guarantee for SACE Students		
Exemption from attending school		
7. In which YEAR did you complete that school level?		
8. Have you SUCCESSFULLY completed any of the following qualifications? Please tick:		
Bachelor Degree or Higher Degree		
Advanced Diploma or Associate Degree		
Diploma (or Associate Diploma)		
Certificate IV (or Advanced Certificate/Technician)		
Certificate III (or Trade Certificate)		
Certificate II		
Certificate I		
Other education (including certificates or overseas qualifications not listed above)		
No post school qualifications		

9. Of the following categories, which best describes your current employment situation?	
Full-time employee	
Part-time employee	
Self Employed – not employing others	
Self Employed – employing others	
Employed – unpaid worker in a family business	
Unemployed – seeking full-time work	
Unemployed – seeking part-time work	
Not employed – not seeking employment	
10. Your major reason for study? (Tick ONE box only)	
To get a job	
To develop my existing business	
To start my own business	
To try for a different career	
To get a better job or promotion	
It was a requirement of my job	
I wanted extra skills for my job	
To get into another course of study	
For personal interest or self-development	
To get skills for community/voluntary work	
Other reasons	
11. Will you require assistance with numeracy or literacy in your studies?	Y N
12. How did you hear about the North East Vocational College?	
Work	
Internet	
Relation/Friend	
Other	
13. Consent for use of Student Work or Images I acknowledge and consent that photos or other images of myself or my work may be used by the North East Vocational College for the purposes of public relations or promotion of the College. You have the option of opting out at any time by emailing: nevc@neda.asn.au	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Consent to Create / Verify a USI on a student's behalf From 1 January 2015, NEVC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at www.usi.gov.au/create-your-USI/ (further information is also available at www.usi.gov.au/privacy-notice/) or you can give NEVC permission to create a USI on your behalf.	
Please sign Privacy Notice and Student Declaration and Consent on the last page	

STUDENT ENROLMENT FORM

Questions 15 to 22 for Government Subsidised training only

15. Residency details

Australian Citizen <i>(If YES go to Q17)</i>	
Permanent Australian resident <i>(If YES go to Q17)</i>	
Visa – see next question	

16. Visa type

In addition to all permanent residency visa holders, the following visas are eligible for subsidised training:

Skilled – Work Regional (subclass 491)	
Skilled – Regional (Provisional) Visa (subclass 489)	
Skilled Employer Sponsored Regional (subclass 494)	
Business Innovation and Investment (Provisional) Visa, subclass 188	
Safe Haven Enterprise Visa (SHEV), subclass 790	
Bridging Visa E (BE), subclass 050 and 051	
Temporary Protection Visa (TPV), subclass 785	
Bridging Visa F (BVF), subclass 060	
Partner Visa (Temporary), subclass 820 and 309	

For a list of Visa holders on repealed provisional visas eligible for subsidised training visit <https://providers.skills.sa.gov.au/Deliver/Student-eligibility-for-subsidised-training>:

17. Are you registered with Centrelink?

Please specify:	Y N
Newstart allowance	
Youth allowance	
Age pension	
Disability support pension	
Parenting payment (single)	
Parenting payment (partnered)	

18. Do you hold any of the following concessions?

Health Care Card	
Pensioners Concession Card	
Veterans Affairs Concession Card	

19. Please state your Centrelink customer reference number (CRN) if applicable:

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20. Centrelink Card expiry date:

.....

21. Are you a prisoner? Y N

If yes, please contact *Contract Support Services* 1800 673 097

22. Were you / are you under the guardianship of the Minister? Y N

If yes, please contact *Contract Support Services* 1800 673 097

Privacy Notice

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

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

We are required by law (under the National Vocational Education & Training Regulator Act 2011 (Cth) (NVETRA 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 & communicating research & statistics about the Australian VET sector.

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

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

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

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

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 & the NVETRA Act, to collect, use & disclose your personal information to fulfil specified functions & 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>.

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.

At any time, you may contact NEVC 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.

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true & correct. I consent to the collection, use & disclosure of my personal information in accordance with the Privacy Notice above.

I consent to NEVC creating a USI on my behalf (if applicable) & acknowledge that I will be notified by the USI Registrar each time NEVC creates or verifies my USI.

Student to sign below.

Full Name:

Signature:

Date:

If student is under 18 years old a Parent or Guardian must also sign below.

Full Name:

Signature:

Date: