

STUDENT ENROLMENT FORM

COURSE DETAILS					
Code:		Title:			
Delivery Location:		Trainer:			
Office Use Only:	Course Code:	Course Date:			
PERSONAL DETAILS – Please note all fields are mandatory, and give personal details as per USI registration					
Applicant Status:	<input type="checkbox"/> Apprentice/Trainee <input type="checkbox"/> Fee For Service <input type="checkbox"/> VET Investment Plan <input type="checkbox"/> Other:				
Preferred Title:	First Name/s:	Middle Name/s:	Family Name (Surname):		
Mr. / Mrs. / Miss / Ms. / Dr. / Other:			Previous Surname:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:		DOB verified: <input type="checkbox"/>	
Town of Birth:		Country of Birth:			
Residential Address:	<i>Building/Property Name:</i>				
	<i>Flat/Unit No:</i>	<i>Street/Lot No:</i>			
	<i>Street Name:</i>				
	<i>Suburb/Locality/Town:</i>	<i>State/Post Code:</i>			
Postal Address: <small>(if different from above)</small>	<i>Building/Property Name:</i>				
	<i>Flat/Unit No:</i>	<i>Street/Lot No:</i>			
	<i>Street Name:</i>	<i>PO Box No:</i>			
	<i>Suburb/Locality/Town:</i>	<i>State/Post Code:</i>			
Contact Details:	Mobile:	Home:	Work:		
	Email:				
	Alternative Email:				
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Language:			
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all				
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander			
Do you hold a valid Health Care Card or Pension Concession Card?	<input type="checkbox"/> Yes, Health Care Card <input type="checkbox"/> Yes, Pension Concession Card <input type="checkbox"/> No				
Are you named as a partner or dependent of someone holding a valid Concession Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate area(s):	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other:				
Will you require literacy, disability or special learning support, including additional assistance with English, Mathematics, reading or writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you applying for Recognition of Prior Learning (RPL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL DETAILS – Please note all fields are mandatory, and give personal details as per USI registration

Are you still enrolled in secondary school?		<input type="checkbox"/> No <input type="checkbox"/> Yes →	LUI #:									
What is your highest COMPLETED school level?		<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school						In what YEAR did you complete this level of schooling?				
Have you SUCCESSFULLY completed any qualifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No										
If YES, please tick any applicable boxes:		<input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician)					<input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above					
Are you currently enrolled in any courses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Course details:								
Which BEST describes your current employment status?		<input type="checkbox"/> Full-time employee <input type="checkbox"/> Self-employed - employing others <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Employed – unpaid in family business					<input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Not employed – not seeking employment					
Which BEST describes the main reason you are undertaking this course / traineeship / apprenticeship?		<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 / self-development <input type="checkbox"/> To get skills for community / voluntary work <input type="checkbox"/> Other reasons:					

EMERGENCY CONTACT DETAILS

Preferred Title:	First Name/s:	Family Name:
Mr. / Mrs. / Miss / Ms. / Dr. / Other:		
Relationship to you:		
Contact Details:	<i>Mobile:</i>	<i>Phone H / W:</i>
	<i>Email:</i>	

EMPLOYER DETAILS**Invoice to be paid by Employer**

Employer Legal Name:			
Employer Trading Name:		ABN:	
Contact Person:			
Workplace Address:			
Contact Details:	<i>Phone:</i>	<i>Website:</i>	
	<i>Email:</i>		

UNIQUE STUDENT IDENTIFER (USI)

From 1 January 2015, we RAPAD Skilling can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course 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 NCVET. If you have not yet obtained a USI, you can apply for it directly <https://www.usi.gov.au/students/create-your-usi/> on a computer or mobile device.

You may already have a USI if you have done any nationally recognized training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Please CLEARLY write your USI here:

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In providing my USI, I confirm that RAPAD Skilling is authorized to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014*. I understand that I will receive a notice regarding RAPAD Skilling use of this information to confirm my USI.

REFUND POLICY

If you give notice to cancel your enrolment:

- More than 10 days prior to the commencement of a program you will be entitled to a full refund of fees paid.
- Less than 10 days prior to the commencement of a program you will be entitled to a 75% refund of fees paid. The amount retained (25%) by RAPAD Skilling is required to cover the costs of staff and resources which will have already been committed based on your initial intention to undertake the training.
- After a training program has commenced, you will not be entitled to a refund of fees.

Where refunds are approved, the refund payment will be paid within 14 days from the receipt of written notice to cancel of enrolment. Tuition refunds are to be paid via electronic funds transfer using the authorised bank account nominated by the learner on the Refund Request Form. If you have purchased a text or training workbooks and subsequently cancel, RAPAD Skilling will not refund monies for the text unless a written request for a refund is received and RAPAD Skilling is satisfied that the text is in as-new condition.

PRIVACY NOTICE

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 do not provide adequate information as requested, RAPAD Skilling may not be able to process your application.

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 Australia 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.

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; and 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

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 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 RAPAD Skilling to:

- request access to your personal information
- correct your personal information
- mark a complaint about how your personal information has been handles
- ask a question about this Privacy Notice

For information about how RAPAD Skilling collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to RAPAD Skilling's Privacy Policy which can be found on our website rapadskilling.com.au

Under the *Data Provision Requirements 2012* and National VET Data Policy, RAPAD Skilling 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 RAPAD Skilling for statistical, administrative, regulatory and research purposes. RAPAD Skilling may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that have been disclosed to NCVER may be used or disclosed by NCVER for the follow 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.

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 www.ncver.edu.au).

RAPAD Skilling retains a record of personal information about all individuals with whom we undertake any form of business activity. RAPAD Skilling must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by Australian Skills Quality Authority, RAPAD Skilling is required to collect, hold use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

RAPAD Skilling must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorized by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTO's under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

At times RAPAD Skilling may be requested to supply copies of completion certificates or plastic cards to employers that have paid for attendance of their staff at our training sessions. By completing this enrolment process this will be your written consent for us to send the copies if or when requested.

The Privacy Policy contains information about how individual may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

STUDENT 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.

In making this application for enrolment, I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by RAPAD Skilling.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed, and NCVER policies, procedures and protocols published on NCVER's website at www.ncver.edu.au.

Marketing Use Consent

I give RAPAD Skilling permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.

I authorise images of my participation in training to be used by RAPAD Skilling for future marketing and business purposes. I understand that I retain the right to withdraw my consent at any time. I would like to **OPT OUT** of this marketing and usage consent.

I declare that I have received and/or accessed and understand RAPAD Skilling's Student Handbook. I declare that:

- I have read and understand my rights and responsibilities as a student with RAPAD Skilling.
- I have read and understand RAPAD Skilling's refund policy.
- I have received and understand information regarding all fees and payment requirements.
- I have completed and/or submitted this enrolment form without coercion (force) by any parties.
- I understand that my current Unique Student Identifier (USI), or that which was created on my behalf as authorised, will be used to collect and report my VET-related data.
- I understand that it is a requirement to complete a Student Training & Employment Survey within three months of completing or discontinuing training [students accessing Queensland Government VET Investment program]

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

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

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

The information collected on the Expression of Interest/Eligibility Assessment section of this enrolment documentation will be used to assist RAPAD Skilling to do preliminary assessment of the named applicant to determine Potential eligibility to attract State Government funded training and initiatives. This information will be shared with RAPAD Skilling Management, trainers, assessors, and administration as required.

Office Use Only:

Potential Type of Funding			<input type="checkbox"/> DET Connect Checked	
<input type="checkbox"/> User Choice Traineeship	<input type="checkbox"/> C3G Concessional	<input type="checkbox"/> C3G Plus Concessional	<input type="checkbox"/> VETiS	<input type="checkbox"/> Higher Level Skills (HLS)
<input type="checkbox"/> User Choice Existing Worker	<input type="checkbox"/> C3G Non-Concessional	<input type="checkbox"/> C3G Plus Non-Concessional		
<input type="checkbox"/> Fees Payable: \$.....		<input type="checkbox"/> Invoice to Employer	<input type="checkbox"/> Invoice to Client	

UNIQUE STUDENT IDENTIFIER (USI) APPLICATION

If you would like us RAPAD Skilling to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] _____ authorise RAPAD Skilling to apply pursuant to sub-section 9 (2) of the *Student Identifiers Act 2014*, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at the web address above.

Signature: _____ **Date:** _____

In accordance with section 11 of the *Student Identifiers Act 2014*, RAPAD Skilling will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

Please provide details for **one** of the forms of identity below.

Please ensure that the name written in 'Personal Details' section of this form is exactly the same as written in the document you provide below.

1. Australian Driver's Licence

State: _____

Licence No/CRN: _____ Card Number: _____

2. Medicare Card

Medicare Card Number: _____

Individual Reference Number (next to your name): _____

Card Colour (select which applies):

Green Expiry Date ____ / ____ (month / year)

Yellow Blue Expiry Date ____ / ____ / ____ (day / month / year)

3. Australian Birth Certificate

State: _____ Date of Registration: ____ / ____ / ____ (day / month / year)

Registration No: _____ Year of Registration: _____

4. Australian Passport

Passport Number: _____

5. Non-Australian Passport (with Australian Visa)

Passport Number: _____ Country of Issue: _____

6. Immicard

Immicard Number: _____

7. Citizenship Certificate

Stock Number: _____ Acquisition Date: ____ / ____ / ____ (day / month / year)

8. Certificate of Registration by Descent

Acquisition Date: ____ / ____ / ____ (day / month / year)