

COURSE ENROLMENT 2017



South West Victorian SEAL Inc. A0009630L, ABN: 30 906 323 600, RTO 4076

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Course Code _____ Course Name _____

Commencement Date ____/____/____

Office Use Only (tick ONE only)

Fee For Service

Funded

Family Name _____ Given Name _____ Middle Name _____

Title Mr Mrs Ms Miss Other _____

Gender Male Female Indeterminate/Intersex/Unspecified

Date of Birth ____/____/____ Town/ City of birth _____ Age at 1st January 2017 _____

Do you have a Unique Student Identifier (USI)?

Yes Please specify (10 characters) Yes, but I don't remember it No

Contacts

Home (_____) _____ Work: (_____) _____

Mobile _____ Email _____

Do you have a Victorian Student Number (VSN)? (Students under 25 only)

Yes – Please specify (9 numbers) Yes – but I don't remember it No

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?

No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes – I have attended a Victorian school since 2009

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.

Building / Property Name _____

Residential Address _____

Town/Suburb _____ Post Code _____

Postal Address (if different): _____

Are you of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Were you born in Australia? Yes No

If NO, residential status? Permanent Temporary Visitor

In which country were you born? _____ Year of arrival? _____

Are you still attending secondary school?

- Yes No

What is your highest SUCESSFULLY COMPLETED school level? *(Please tick one box only)*

- Completed Year 12 Completed Year 11 Completed Year 10
 Completed Year 9 or equivalent Completed year 8 or lower Never attended school

In which year did you complete that school level? (e.g. 1970) _____ **Name of school** _____

List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3)

Of the following categories, which best describes your current employment status? *(Please tick one box only)*

- Full-time employee Part-time employee
 Self-employed, not employing others Employer
 Employed, unpaid worker in family business Unemployed, seeking full-time work
 Unemployed, seeking part-time work Not employed, not seeking employment

Which of the following classifications BEST describes your current or recent occupation? *(Please tick one box only)*

- 1-Managers 2-Professionals
 3-Technicians and Trade workers 4-Community and Personal Service Workers
 5-Clerical and Administrative Workers 6-Sales Workers
 7-Machinery Operators and Drivers 8-Labourers
 9-Other

Which of the following classifications BEST describes the Industry of your current or previous Employer? *(Please tick one box only)*

- A-Agriculture, Forestry and Fishing B-Mining
 C-Manufacturing D-Electricity, Gas, Water and Waste Services
 E-Construction F-Wholesale Trade
 G-Retail Trade H-Accommodation and Food Services
 I-Transport, Postal and Warehousing J-Information, Media and telecommunications
 K-Financial and Insurance Services L-Rental, Hiring and Real Estate Services
 M-Professional, Scientific and
 Technical Services N-Administrative and Support services
 O-Public Administration and Safety P-Education and Training
 Q-Health Care and Social Assistance R-Arts and Recreation Services
 S-Other Services

Do you speak a language other than English at home?

No, English only.

Other, please specify: _____
(If more than one language, indicate the one spoken most often)

If English is not your first language, how well do you **speak** English?

Very well Not well Well Not at all

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

Providing information about a disability will not disadvantage your application. This information is collected to ensure that we provide appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

No Yes (If Yes, please make a selection - you may tick more than one box)

Acquired Brain Impairment Hearing/ Deaf Intellectual Learning

Medical Condition Mental Illness Other _____

Physical Vision

Have you SUCCESSFULLY COMPLETED any of the following?

No Yes (If Yes, please enter **one** of these Prior Education Achievement Recognition Identifiers for **any** applicable qualification level) **A** – Australian, **E** – Australian equivalent, **I** - International

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 Certificates other than the above

What is the **HIGHEST** qualification you have? (Include full title of qualification, eg Certificate III in Aged Care, Intermediate VCAL, Year 10) Please ensure your answer is correct, see point 8 on page 5.

Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

None One Two More

Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

None One Two More

In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

None One Two More

Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/apprenticeship? (Please make a selection- tick one box only)

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

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> <i>Newspaper</i> | <input type="checkbox"/> <i>Website</i> |
| <input type="checkbox"/> <i>Mail out</i> | <input type="checkbox"/> <i>Job agency / Centrelink</i> |
| <input type="checkbox"/> <i>Radio</i> | <input type="checkbox"/> <i>Employer</i> |
| <input type="checkbox"/> <i>Word of mouth</i> | <input type="checkbox"/> <i>Social media/Facebook</i> |
| <input type="checkbox"/> <i>Newsletter</i> | <input type="checkbox"/> <i>I am a past student</i> |
| <input type="checkbox"/> <i>Other</i> _____ | |

Do you wish to receive our newsletter and future course information?

Yes

Email _____

You have now completed the enrolment form. Please read and sign the declaration on the next page and return to staff for processing.

Student Enrolment Declaration

1. I declare that the information provided by me in this document is true and correct, including:
 - my citizenship status
 - date of birth
2. I understand that South West Victorian SEAL Inc. may provide this information to the Victorian government in order to access government funding on my behalf (*does not apply to short courses*).
3. I acknowledge that providing false information on this enrolment form, or failing to disclose any relevant information, may result in the withdrawal of any course offer or cancellation of my enrolment.
4. I agree to pay all advertised fees required for this course and accept liability for any costs commissions and expenses reasonably and properly payable to a collection agency relating to the recovery of any overdue fees.

Victorian Government VET Student Enrolment Privacy Notice

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 South West Victorian SEAL Inc is required to provide the Department with student and training activity data. This includes personal information collected in the [RTO] enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). South West Victorian SEAL Inc 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 South West Victorian SEAL Inc; 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 South West Victorian SEAL Inc's Privacy Officer in the first instance by phone 0355626099 or email reception@seal.org.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:

I acknowledge and agree to the terms described in this Privacy Statement above.

6. I give permission for South West Victorian SEAL Inc. to use photos taken of me as evidence of my assessment where required.
7. I give permission for South West Victorian SEAL Inc. to use photos taken of me for marketing and promotional purposes. Yes No
8. **I UNDERSTAND THAT GIVING FALSE INFORMATION ABOUT MY CURRENT HIGHEST QUALIFICATION IS FRAUDULENT AND I WILL BE LIABLE FOR ALL COSTS THAT MAY BE INCURRED.**

Student name & signature _____ Date _____

Staff name & signature _____

OFFICE USE ONLY

ENROLMENT / VETTRAK DETAILS

VETtrak entry completed: Yes **OR** Details already in VETtrak? Yes VETtrak number _____
Initials of person who entered details in VETtrak: _____ Initials of person who took enrolment: _____

PAYMENT DETAILS

Course payment received: Yes No – *No Fee Necessary*

Date paid: _____ / _____ / 2017

Amount received: \$ _____ : _____

Cash Chq/ Money-order Eftpos
 CC/ phone CC/ In person Invoice

Cardholder's Name: _____

Expiry Date: _____ / _____

Card Number: _____ / _____ / _____ / _____

Three Digit Security No: _____

located back of card, near signature

INVOICE DETAILS

Name/ Organisation to be invoiced: _____

Address: _____

Postcode: _____

Invoice No: _____ Order No: _____

Attention: _____

Invoice Created/ Sent: Yes

Date Invoice sent: _____ / _____ / 2017

Amount Invoiced: \$ _____ : _____

CONCESSIONS

Concession No:..... Concession Type:.....

Expiry Date:/...../..... Concession card copy attached:

FUNDING INFORMATION

Note that evidence documents must be originals or certified copies

Citizenship/Residency requirement met? Yes No Copy of evidence taken? No Yes

Evidence:

Australian birth certificate Australian passport New Zealand passport Naturalisation certificate
 green Medicare Card Formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence signed declaration by a relevant referee

Age – under 20 years at 1 January? Yes No Copy of evidence taken? No Yes

Evidence (where not verified by Citizen/Residency documentation above):

Current drivers licence Current learner permit Proof of age card "Keypass" card.

Other (specify) _____

Qualifications

Highest qualification currently held None Cert I Cert II Cert III Higher

Referrals

Agency referral? Yes No Specify: _____

Retrenched or redundant worker? Yes No

I have sighted original or certified copies of the above funding eligibility documents.

Signature of authorised delegate _____ Date: _____

PHOTO IDENTIFICATION DETAILS

Evidence Type _____ Evidence Type 2 _____

Evidence Number _____ Evidence Number 2 _____

Evidence Expiry _____ Evidence Expiry 2 _____

Copy of photo ID taken? No Yes ID verified by trainer? No Yes