

Course Name:		Start Date://	Location/Delivery Site:		
		End Date://			
Course / Student Fee:		Date Paid:	Receipt Number:		
Is this program subsidised by th Government? Yes / No	ne NSW	Funding Details:			
Training Participant Details (	all section	s to be completed – please p	rint in BLOCK letters)		
UNIQUE STUDENT IDENTIFIER	(USI)				
Do you have a USI: Yes: Yes: Yes: Yes: No: Student to register at <i>www.usi.gov.au</i> No: Student to register at <i>www.usi.gov.au</i> No: No: Student to register at <i>www.usi.gov.au</i> No:					
IDENTIFICATON DETAILS					
Identification Provided: (Original must be sighted and a copy attached)					
PERSONAL DETAILS (ALL ARE Important – the details given MUST		•			
SURNAME:		FIRST NAME:	OTHER:		
Title: Mr / Mrs / Miss / Ms	Gender: 🛛	Male   Female   Unspecified	Date of Birth://		
Residential Address: No./Street: _					
Suburb/Towr	ו:		State: Postcode:		
Postal Address : No./ Street /	PO Box:				
As Above D Suburb/Towr	1:		State: Postcode:		
Work Ph:	Home	Ph:	Mobile Ph:		
Email:	<u></u>		(At least 1 Phone and Email required)		
RESIDENCY STATUS					
Are you of Aboriginal or Torres Strai	t Islander de	scent? 🛛 Yes 🗖 No	Were you born in Australia? 🛛 Yes 🔲 No		
Town / City of Birth: If 'No', in which country?					
Are you an - Australian Citizen Permanent Resident: Humanitarian Refugee					
LANGUAGE					
Which language do you mainly speak at home? 🛛 English 🛛 Other: please specify :					
Do you require assistance with Literacy:					



DISABILITY				
, , ,	No Please specify:			
Do you require special assistance because of the disability?	Yes 🔲 No			
EMPLOYMENT				
Of the following categories, which best describes your current employment status?       (Please tick one only.)         Image: Self-employee       Image: Self-employed - not employing others         Image: Self-employed - not employed - not employed - not employing others       Image: Self-employed - not employing others         Image: Self-employed - not employed - not seeking full time work       Image: Self-employed - not employed - not employed - not employed - not seeking full time work				
EDUCATION				
Are you still attending secondary school?				
What is your highest COMPLETED school level?	Year 11 🛛 Year 10 🗖 Year 9 or lower			
In which <b>year</b> did you complete that level?				
Have you completed any Smart & Skilled funded training in the last $$	2 months 🔲 Yes 🔲 No			
Since leaving school have you <b>completed</b> any qualifications?	∕es  ☐ No			
Certificate I Certificate II Certificate II Certificate IV Diploma Level Advanced Diploma or Associate Degree Level Bachelor Degree or Higher Degree Level Other / Miscellaneous				
What field was your completed qualification/s in?				
Are you registered or intending to be registered in an apprenticeship	or traineeship for this qualification in NSW? 🛛 Yes 🛛 No			
STUDY REASON				
To get a job	To try a different career			
To develop my existing skills	To get a better job or promotion			
To start my own business	It was a requirement for 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			
DECLARATION				
I declare that the information given is true, accurate, complete and not misleading in any way and that by signing this enrolment form I have read and agree to the expectation, and fee policy as outlined in the Participant Information Handbook. I agree to the information in this form being used in line with contractual requirements for research, statistical and internal management purposes. I understand I will not be issued with my certificate if there are any fees outstanding.				
Signature:	Date: /			
Note: If under 18 years of age at the time of enrolment, then the consent of a guardian is required				
Print Full Name Of Guardian:				
Signature Of Guardian:	Date: /			



### CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I ..... (First, middle and last Name)

(current residential address)

Date of Birth .....

Understand and agree that 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, or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by Signature Learning & Development may be disclosed to the Department of Industry (**Department**).

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 consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

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 Signature Learning & Development for the purpose of evaluating and assessing my subsidised training.

#### Further

### **USI Privacy Notice**

If you do not already have a Unique Student Identifier (USI) and you want Signature Learning & Development to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, Signature Learning & Development will provide to the Registrar the following items of personal information about you:

- your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document;
- your date of birth, as it appears, if shown, in the chosen document of identity;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details.

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver licence, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorised to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorised by the Registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask Signature Learning & Development to make an application for a student identifier on your behalf, Signature Learning & Development will have to declare that Signature Learning & Development has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that Signature Learning & Development has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - o creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
    - education related policy and research purposes; and
    - to assist in determining eligibility for training subsidies;



- VET Regulators to enable them to perform their VET regulatory functions;
- $\circ$   $\quad$  VET Admission Bodies for the purposes of administering VET and VET programs;
- current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
- o schools for the purposes of delivering VET courses to the individual and reporting on these courses;
- the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
- o researchers for education and training related research purposes;
- o any other person or agency that may be authorised or required by law to access the information;
- any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- Will not otherwise be disclosed without your consent unless authorised or required by or under law.

#### Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (http://www.usi.gov.au/Pages/privacy-policy.aspx) or by contacting the Registrar on 13 38 73 or email : usi@industry.gov.au The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with. You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by Us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

For information about how Signature Learning & Development collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Signature Learning & Development's privacy policy which can be found at www.Signature Learning & Development.org.au

SIGNATURE LEARNING & DEVELOPMENT is committed to maintaining your dignity as a client of our programs, through respect for your privacy and the maintenance of confidentiality in matters relating to your participation in our programs. We acknowledge and adhere to our responsibilities under the Australian Privacy Principles (APPs) and aim to ensure that all personal information in which we come into contact is managed in an open and transparent manner.

If you wish to access information that we hold about you, you can do so by making a request to an SIGNATURE LEARNING & DEVELOPMENT manager either verbally or in writing, and SIGNATURE LEARNING & DEVELOPMENT will provide you with access within 14 days. If you feel that any of the information we hold about you is incorrect, you can request that it be corrected. If you believe that we have breached the Australian Privacy Principles, you can make a complaint to your case manager, trainer or an SIGNATURE LEARNING & DEVELOPMENT manager either verbally or in writing, and we will investigate the complaint in a sensitive and professional manner.

SIGNATURE:	DATE:		
Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required			
PRINT FULL NAME OF GUARDIAN:			
SIGNATURE OF GUARDIAN:	DATE:		



### **FEE CONCESSION APPLICATION IF APPLICABLE**

The NSW Government offers subsidised training to eligible students under the Smart and Skilled Program. In some instances you may be required to pay a fee depending on your individual circumstances. These vary depending on the course. You may be entitled to a concession based on your individual circumstances, regardless we require you to please complete this form. SIGNATURE LEARNING & DEVELOPMENT will verify your eligibility with the department and inform you of the outcome and let you know if there is further concession fee requirement.

I wish to apply for a concession for a Smart and Skilled program course (tick appropriate box below)

	I am an Australian Aboriginal / Torres Strait Islander.
ide	finition of Australian Aboriginal or Torres Strait Islander: A person of Australian Aboriginal or Torres Strait Islander descent who entifies as an Australian Aboriginal or Torres Strait Islander, and is accepted as such by the community with which she or he is sociated.
	I am currently receiving a Disability Support Pension
U	I am a dependent child, spouse or partner of a recipient of the Disability Support Pension
	I am living in or I am on the waiting list for Social Housing
	I am the child of someone on the waiting list for Social Housing
	(Confirmation letter from Housing NSW required)
	Currently in out-of home care
	Previously in out-of-home care
	(One of these documents required as evidence: Court Order, confirmation of placement letter, leaving care letter, letter from Family and Community Services)
	Currently experiencing domestic violence

### I am currently in receipt of the following Centrelink Benefit

	Age Pension Austudy (including Veterans' Affairs Children Education Scheme) Carer Payment Disability Support Pension Exceptional Circumstances Relief Payments Family Tax Benefit Part A (Maximum Rate) Farm Household Allowance Newstart Allowance		Parenting Payment (Single) Sickness Allowance Special Benefit Veterans' Affairs Payment Widow Allowance Widow Pension (including Widow 'B' pension) Wife Pension Youth Allowance
Are you required to attend a Job Services Provider       Yes       No         If Yes Name of Provider       Your JSID ID#			



List of appropriate identifiers:

- A letter from a medical practitioner or relevant specialist allied health professional stating support needs due to your disability.
- A **recent** letter from Centrelink, Veterans' Affairs, RAS or other appropriate Government agency confirming that you are currently receiving the stated allowance.
- Your current Pensioner Concession Card.
- A current Centrelink Income Statement.
- Evidence that the benefit provider accepts you as the dependent child, spouse or partner of a beneficiary receiving a benefit or allowance.
- For all Centrelink based exemption applications you must submit a copy of your current Centrelink Benefits card (front and back).
- Please note: A Health Care Card is not acceptable proof of current beneficiary status.

I declare that the information I have provided is true and correct.

Signature:	 Date	_/	/
•	 		