

STUDENT ENROLMENT FORM

Pre-enrolment information

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.

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 Australian 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
- 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 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.

Contact information:

At any time, you may contact *Signature Learning and Development* 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

RTO contact details: Phone 1300 28 28 13 Email: chloe@signaturelearning.net

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Student Information

As part of your training, we must provide you with information that is relevant to you throughout your training. This information includes any fee information, consumer protection, how to access support throughout your training, how to cancel/discontinue your training, the process for applying for RPL or CT, your rights and responsibilities, our responsibilities, how to make a complaint along with other general information.

Your trainer can provide you with a hard copy of our student handbook which includes this information or it can be accessed through our web site at: <https://www.signaturelearninganddevelopment.com/student-information>

At any stage we want to ensure you that you are welcome to contact the Directors of Signature Learning & Development and we encourage you to do so, our details are below:

Terina Welch - 0427 660 360 – trene@signaturelearning.net

Brian Cook – 0401 016 511 – brian@signaturelearning.net

I confirm that I have received or accessed this information Yes No I have some questions before I proceed

Student Learning Platform

Signature Learning and Development provide all students with a log on to our online learning platform even if you are not doing any of your training online. Our platform includes digital copies of our student resources, student information and any documents we store digitally that relate directly to you or your training. Students can access these documents in their personal portfolio.

You can also update your personal details at any time through this portal.

Any feedback you may receive is also accessible on this platform.

I confirm that I understand I can use the student portal to access this information Yes No

Media consent

As part of your training and assessment processes your trainer/assessor may take photos of you performing tasks, working in groups, or just generally participating in training and assessment.

The images / videos are used as evidence that you completed certain tasks. In some cases, we may also use these images/videos on our social media pages or web site.

You may choose to not allow us to take any photos or videos at all, please select your personal choice below.

Note: If you are a participant in any machinery training your picture is required for your competency card, if you choose not to provide it a certificate only will be issued upon successful completion.

I **Do Not** give Signature Learning & Development my permission to take or use images and/or recordings of me at all.

I **Do** give Signature Learning & Development my permission to take and use images and/or recordings **for assessment evidence only.**

I **Do** give Signature Learning & Development my permission to take and use images and/or recordings **for assessment evidence and for use on social media/web site.**

Signature: _____ Date: ____ / ____ / ____

Course name: _____

Location/ Delivery site: _____

Course start date: ____ / ____ / ____

PAS/TNI: _____

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Course you are enrolling in:

Are you registered or intending to be registered in an apprenticeship or traineeship **for this qualification in NSW**?

Yes No

Do you wish to apply for recognition of prior learning or credit transfer? Yes No

If yes, please talk to your trainer about the process and evidence you will need to provide.

PERSONAL DETAILS

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Signature Learning and Development to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Title: _____ Family name (surname): _____ First given name: _____

Second given name (middle) _____

Enter your birth date:

Day/month/year			
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1. Gender (Tick ONE box only)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>

2. Enter your contact details (at least one phone number and one email is required to proceed with your enrolment)

Home phone _____ Work phone _____

Mobile _____ Email address _____

3. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park, or unbounded address site.

Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	
State/territory	
Postcode	

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4. What is your postal address (if different from residential address)? Same as residential address

Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Postal delivery information (e.g. PO Box 254)	
Suburb, locality or town	
State/territory	
Postcode	

Language and cultural diversity

5. In which country were you born?

Australia	<input type="checkbox"/>
Other – please specify	

6. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only	<input type="checkbox"/>
Yes, other – please specify	
Do you require assistance with literacy?	<input type="checkbox"/>

7. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both box 3)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>
Yes to both	<input type="checkbox"/>

Disability

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

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Go to question 10

9. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>
Other	<input type="checkbox"/>		

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Schooling

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

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
Never attended school go to question 14	<input type="checkbox"/>

11. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Previous qualifications achieved

12. Have you SUCCESSFULLY completed any of the qualifications listed in question 13?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

go to question 16

13. If YES, tick ANY applicable boxes.

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"/>
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

Employment

14. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

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Skilling for recovery strategy details

Please select the category that applies to you below:

- I am aged 17-24
- I am a recipient of commonwealth benefits and have provided details on the previous page
- I am unemployed but **do not receive Commonwealth benefits**
- I am at risk of becoming unemployed
- None of the above applies to me

I am currently in receipt of the following Centrelink Benefit: (leave blank if none of these payments apply to you)

- | | |
|--|--|
| <input type="checkbox"/> Age Pension | <input type="checkbox"/> Parenting Payment (Single) |
| <input type="checkbox"/> Austudy (including Veterans' Affairs Children Education Scheme) | <input type="checkbox"/> Sickness Allowance |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Special Benefit |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Veterans' Affairs Payment |
| <input type="checkbox"/> Exceptional Circumstances Relief Payments | <input type="checkbox"/> Widow Allowance |
| <input type="checkbox"/> Family Tax Benefit Part A (Maximum Rate) | <input type="checkbox"/> Widow Pension (including Widow 'B' pension) |
| <input type="checkbox"/> Farm Household Allowance | <input type="checkbox"/> Wife Pension |
| <input type="checkbox"/> Newstart Allowance | <input type="checkbox"/> Youth Allowance |

Are you required to attend a Job Services Provider?

- Yes Y
No N

If Yes Name of Provider _____

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Your JSID ID#

Do you currently live in NSW social housing or are you on the waiting list for NSW social housing? Yes No

Study reason

15. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

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 or self-development	<input type="checkbox"/>
To get skills for community/voluntary work	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>

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Unique Student Identifier (USI)

From 1 January 2015, we Signature Learning and Development 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 at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device.

16. Enter your Unique Student Identifier (USI) (if you already have one)

You may already have a USI if you have done any nationally recognised 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/>.

Unique Student Identifier (USI #)

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USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us, Signature Learning and Development 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
Signature Learning and Development 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Town/City of Birth _____
(Please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Signature: _____ Date: ____ / ____ / ____

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Please provide details for one of the forms of identity below if you require Signature Learning and Development to create a USI for you.

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

<input type="checkbox"/> Australian Driver's Licence	State: _____	Licence #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Medicare	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Reference no: <input type="text"/>	
Card colour: Green <input type="checkbox"/>		Yellow <input type="checkbox"/>	Blue <input type="checkbox"/>	Expiry date: _____ / _____	
<input type="checkbox"/> Australian Passport	Number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date: _____ / _____	
<input type="checkbox"/> Non-Australian Passport (with Australian Visa)	Passport number				
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country _____					
<input type="checkbox"/> Citizenship Certificate	Stock number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acquisition date _____ / _____ / _____	

In accordance with section 11 of the *Student Identifiers Act 2014*, Signature Learning and Development 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.

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: _____ / _____ / _____

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Disability supplement Information

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe, or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.