



AUSTRALIAN COLLEGE
of
COMMUNITY & HEALTH SERVICES

ENROLMENT FORM

Student Name:

Date:



Enrolment Form

Client Declaration

I understand that by signing below I agree to the conditions of enrolment and payment as set out in Australian College of Community and Health Services Student Handbook available at: www.acchs.edu.au and:

- I have read the Student Handbook and Course Handbook and understand their contents
- I have prepared my photo ID (Driver's Licence or Passport) for the trainer to check before course commencement
- I agree to notify Australian College of Community and Health Services immediately of any changes to my personal or contact details
- I have read and agree to the Privacy Statement
- I have read and agree to the Refunds Policy and Complaints/Appeals Procedures
- I have been advised that I may be contacted by Australian Skills Quality Authority (ASQA) for feedback on the courses

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____
(if student is under the age of 18)

I WISH TO ENROL FOR THE FOLLOWING COURSES:	
Training Course	Course Date
<input type="checkbox"/> Certificate III in individual support (skill set)	____/____/____
<input type="checkbox"/> Certificate III in early childhood and education (skill set)	____/____/____



PERSONAL DETAILS					
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____				
<input type="checkbox"/> Single Name Only (Tick this box if you have one name only that cannot be written in the below format. Write your single name in the 'Surname section')					
First Name			Middle name/s		
Surname			Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Specified	
Date of Birth	__ / __ / ____		Phone Number		
Email				Preferred Contact Method	<input type="checkbox"/> Mobile <input type="checkbox"/> Email
RESIDENTIAL ADDRESS					
Street No/Name					
Suburb			State		Postcode
POSTAL ADDRESS					
Is your postal address the same as your residential address?				<input type="checkbox"/> Yes <input type="checkbox"/> No, please specify below	
Street No/Name					
Suburb			State		Postcode
POSTAL ADDRESS					
Is your postal address a PO Box?				<input type="checkbox"/> Yes, please specify below <input type="checkbox"/> No	
PO BOX					
Suburb			State		Postcode

PERSONAL DETAILS	
In which Country were you born?	Do you speak a language other than English at home?
<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____	<input type="checkbox"/> English only <input type="checkbox"/> Yes, please specify _____
How well do you speak English?	Do you require assistance for Language, Literacy and Numeracy (LLN)?
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any special needs arrangement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes'.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander



Do you consider yourself to have a Disability, Impairment or Long-Term Condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then please indicate the areas of Disability, Impairment or Long-Term Condition: (You may indicate more than one area)		
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision	<input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition	<input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other _____
What is your HIGHEST completed school level? (Please tick ONE box only)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school
In which YEAR did you complete that school level? _____		
Are you still attending secondary school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you SUCCESSFULLY completed any qualifications since turning 17?		
<input type="checkbox"/> Yes, while at school <input type="checkbox"/> Yes, after leaving school <input type="checkbox"/> No		
<i>If yes, please tick ANY applicable boxes</i>		
<input type="checkbox"/> Bachelor's 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 IV or above with Acquired Disability <input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other, please specify _____
Of the following categories, which BEST describes your current employment status? (Tick ONE box only)		
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment	
Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)		
<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"/> Other reasons	<input type="checkbox"/> It was a requirement for 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	

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM



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

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From 1 January 2015, Australian College of Community and Health Services Pty Ltd 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 NCVER.

If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/get-a-usi> on your computer or mobile device.

Are you interested in Traineeship and Apprenticeship programs?

If you tick YES, you will be contacted by our office to provide assistance.

☐ Yes ☐ No

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) (NCVER 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 NVET Act) to disclose your personal information to the relevant state or territory training authority.

How NCVER and other bodies handle your personal information:

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 NVET 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.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), 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

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how 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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.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 Australian College of Community and Health Services 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