



STUDENT ENROLEMENT FORM ACT

Personal details

1. Enter your full name *

Family name (surname) _____

Given names _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names

2. Enter your birth date

Day/month/year | | | |

3. Gender (Tick ONE box only)

Male

Female

4.

Enter your contact details

Home Phone _____ Work Phone _____

Mobile _____ Email _____

5. 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. 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 _____

Flat/unit details _____

Street or lot number (e.g. 205 or Lot 118) _____

Street name _____

Suburb, locality or town _____

State/territory _____

Postcode _____

6. What is your postal address (if different from above)?

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 _____



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Language and cultural diversity

7. In which country were you born?

Australia

Other – please specify _____

8. 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

Yes, other – please specify _____

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

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

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

Yes Y

No N **No – Go to question 12**

11. 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)

Hearing/deaf

Physical

Intellectual

Learning

Mental illness

Acquired brain impairment

Vision

Medical condition

Other

Schooling

12. 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.

Year 12 or equivalent 12

Year 11 or equivalent 11

Year 10 or equivalent 10

Year 9 or equivalent 09

Year 8 or below 08



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Never completed any primary or secondary level education – go to question 14

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

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

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

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

No – go to question 16

15. 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

16. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

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	<input type="checkbox"/>

Study reason

17. 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"/>
Other reasons	<input type="checkbox"/>



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Unique Student Identifier (USI)

From 1 January 2015, we [insert RTO name] 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 <http://www.usi.gov.au/create-your-USI/>.

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

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Course Details - tick the course you wish to study (one selection per enrolment form)

Course/Qualification Title: (Select the course you will be studying)	<input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> FNS50217 Diploma of Accounting <input type="checkbox"/> BSB51415 Diploma of Project Management <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC52015 Diploma of Community Services <input type="checkbox"/> FSK20113 Certificate II in Skills for work and Vocational Pathways <input type="checkbox"/> BSB20115 Certificate II in Business
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STUDENT DECLARATION

- REFUND POLICY:** Please read the refund policy in the student handbook which is available at reception desk or at www.acse.edu.au prior to signing.
- IMPORTANT INFORMATION:** All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.
- PRIVACY STATEMENT:** The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to study under mandatory record keeping and reporting requirements. For our full Privacy Policy please visit the website at www.acse.edu.au.
- MOBILE PHONES:** We adopt a no mobile phone policy during class time; phones switched off and placed out of sight. Breaching may see you removed from class.
- STUDENT HANDBOOK:** I have read the student handbook and understand my rights and responsibilities in relation to assessment, student fees, refund and mobile phone use policy. By signing below, I am confirming that I understand these elements in full.

I have read and understand the Policies and Statements above and will abide by them:

Student Name: Signature: Date/...../.....
For Students under 18 years of age a Parent or Guardian must sign below.
 Guardian Name: Signature: Date/...../.....



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Skilled Capital Eligibility Checklist 2019

This form will be used to determine your eligibility for ACT Skilled Capital subsidized training. Please complete all of the areas below.

Full Name:			
Date of Birth:		Current Age:	
What is your residency status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> New Zealand Citizen (with 6 months' residency at least)			
Are you at least 15 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you live or work in the ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you still enrolled in or attending Secondary School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you already completed the qualification you are enrolling in or its replacement within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently enrolled in another Skilled Capital program with another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The following information will be used to determine your further eligibility for a Fee Concession or additional support funding.

Are you Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the holder of an Australian Government Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the holder of an Australian Government Low Income Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the holder of an Australian Government Pensioner Concession Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the holder of a Veterans Gold Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am currently receiving the following Entitlements(s):	
<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow Pension <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance

Do you wish to claim a fee waiver for financial hardship? Yes ___ N ___



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Skilled Capital Eligibility Checklist 2019

Are you a client of an Employment Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what is your Employment Service Provider Client ID _____	
Have you been referred to this training by an Employment Service Provider client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed a Job Seeker Referral Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you long term unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you living in ACT Public Housing? This includes:	
Public housing (owned and managed by the ACT Government or managed by a community housing provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community housing (owned and/or managed by community housing providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal housing (owned and/or managed by the Aboriginal Housing Office (AHO) and Aboriginal Community Housing Providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clients receiving crisis accommodation/supported accommodation (Specialist Homelessness Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence must be sighted and a copy retained or the reference number recorded

Document	Sighted by	Date
<p>Citizenship and Permanent Residency A copy or signed and dated document that one or more of the following evidence of Australian or New Zealand citizenship or permanent residency has been sighted and the reference number recorded: Australian Birth Certificate; Australian Passport; Visa; Nationalization Certificate; Green Medicare Card. Note: the residency status for New Zealand Passport holders must be longer than six months.</p>		
<p>ACT Residency A copy or signed and dated document that one or more of the following evidence of ACT residency has been sighted and the reference number recorded: current ACT drivers license; Health Care Card; Pension Card; ACT Proof of Age Card; utilities account relating to the street address issued within the last three (3) months (e.g. mobile, telephone, electricity etc.); contract of purchase, current lease or rental document.</p>		
<p>ACT Employment A letter or email from an ACT employer to show the street address where the student is working in the ACT, or a Statutory Declaration.</p>		
<p>Proof of Age over 15 years Date of birth being stated on the AVETMISS compliant enrolment form and a copy or signed and dated document that one or more of the following proof of age evidence has been sighted and the reference number recorded: any document showing the student's date of birth, such as a Driver's License; Health Care Card; ACT Proof of Age Card.</p>		

Declaration

I _____ of _____

declare the above information to be true and correct. I understand that providing false information could mean paying back funding subsidies to the NSW Government.

Signed: _____ Date: _____



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CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I, _____
(First, middle and last name)

Of _____
(Current Residential Address)

With birth date _____

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 Australian College of Skills & Education may be disclosed to the ACT Government, Department of Education and Training.

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside the ACT.

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 subsidized training or for any Fee Exemption 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 subsidized training with Australian College of Skills & Education for the purposes of evaluating and assessing my subsidized training.

Print Full Name of Student	
Signature of Student <i>Note: if under 18 years of age at the time of giving consent, then the consent of their guardian is required)</i>	
Date	
Print Full Name of Guardian	
Signature of Guardian	
Date	



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Student Declaration

I, _____
(First middle and last name)

Of _____
(Current residential address)

With date of birth _____

Declare that all information provided by me to Australian College of Skills & Education is true and accurate and I have not been misleading in any way with the information I have provided.

I have been informed:

- that there are no subcontracting arrangements in place
- of the fees chargeable
- of Student Information, including:
 - Recognition of Prior Learning and Credit Transfer
 - Consumer protection information
 - What I need to do if I wish to defer or discontinue training
 - How I can access support during training
 - How to claim a concession or a fee waiver and the definition of financial hardship

Signature of student	
Name of student	
Date	