

STUDENT ENROLMENT FORM- ACT



Personal details

1. Enter your full name

Title _____

Family Name _____

Given Name (Surname) _____

Middle Name _____

* 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 **ACSE** 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.

2. Enter your Date of Birth (DD/MM/YY) _____

3. Sex (Tick ONE box only) Female ☐

Male ☐

Other ☐

4. Enter your contact details

Home phone _____

Work phone _____

Mobile _____ Email address _____

5. What is the address of your usual residence?

Please provide the physical address (street number and name does not Post office box) where you usually reside rather than any temporary 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 _____

7. Course Details:

Planned Commencement Date _____ Planned Completion Date _____

Delivery Mode Classroom ☐ Distance ☐

Enrolment Date _____

Where did you hear about our college? _____

8. Current Visa Details:

Permanent Resident ☐ Australian Citizen ☐ New Zealand Citizen ☐

Others Please Specify ☐

Please Provide Original Visa documentation (It's required for enrolment)

Language and cultural diversity

9. In which country were you born?

Australia ☐

Other – please specify ☐

10. Do you speak a language other than English at home?(If more than one language, indicate the one that is spoken most often)

No ☐

Yes, other – please specify ☐

English only, Go to Q11 ☐

Do you need any assistance with English:

Yes ☐ No ☐

Please ask reception staff about RPL/CT application

11. How well do you speak English?

Very well ☐

Well ☐

Not well ☐

Not at all ☐

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

(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes 'Yes')

No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

Disability

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

- Yes ☐ Y
No ☐ N **No – Go to question 13**

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

Schooling

15. What qualification are you enrolling in?

- ☐ BSB20115 | Certificate II in Business | Online
- ☐ BSB41515 | Diploma of Project Management | Online
- ☐ BSB51918 | Diploma of Leadership and Management | Online
- ☐ CHC30113 | Certificate III in Early Childhood Education and Care | Blended Delivery | Mt Druitt Hub
- ☐ CHC50113 | Diploma of Early Childhood Education and Care | Blended Delivery | Mt Druitt Hub
- ☐ CHC52015 | Diploma of Community Services | Blended Delivery | Mt Druitt Hub
- ☐ CPCWHS1001 | Prepare to Work Safely in the Construction Industry | Face to Face | Mt Druitt Hub
- ☐ FNS40217 | Certificate IV in Accounting and Bookkeeping | Online
- ☐ FNS50217 | Diploma of Accounting | Online
- ☐ FSK20113 | Certificate II in Skills for Work and Vocational Pathways | Online
- ☐ HLTAID001 | Perform Cardiopulmonary Resuscitation (CPR) | Face to Face | Mt Druitt Hub
- ☐ HLTAID003 | Provide First Aid | Face to Face | Mt Druitt Hub
- ☐ HLTAID004 | Provide an Emergency First Aid Response in an Education and Care Setting | Face to Face | Mt Druitt Hub

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

- | | |
|-----------------------|--------------------------|
| 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 | <input type="checkbox"/> |

Never attended school – go to question 19

17. In which YEAR, did you complete that school level?

18. Are you still attending secondary school?

Yes ☐ Y
No ☐ N

Previous qualifications achieved

Yes ☐ Y
No ☐ N No – go to question 21

19. Have you SUCCESSFULLY completed any of the following qualifications?

20. If YES, then 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"/>
Certificates other than the above	<input type="checkbox"/>

Employment

21. 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"/>
Employer	<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

22. Of the following categories, which BEST describes your main reason for 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"/>

Emergency Contact Details:

Contact Person's Name _____

Relationship _____

Emergency telephone No _____

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO **Australian College of Skills & Education (ACSE)** is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

Application for Unique Student Identifier

If you would like **ACSE** 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 [http://www.usi.gov.au/Training-Organisations/Pages/Privacy- Notice.aspx](http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx). 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.....authorise **ACSE** 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 pursuant to the information detailed at [http://www.usi.gov.au/Training-Organisations/Pages/Privacy- Notice.aspx](http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx)

☐ I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

By signing below, I am also declaring that I have read and fully understand the student fee schedule associated with my program of study and the Refund Policy of ACSE.

By signing below, I am also declaring that I have had access to and the opportunity to read the ACSE Learner Handbook, which contains all upfront student information as ACSE are required to provide by law.

STUDENT SIGNATURE

DATE

Note: parental consent required if student is under the age of 18.

Unique Student Identifier

From 1 January 2015, ACSE 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

23. Enter your Unique Student identifier (if you already have one)

Unique student identifier

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Unique student identifier

Australian Birth Certificate

State/Territory _____

Details vary according to State/Territory (see note above)

Australian Passport

Passport number _____

Non-Australian Passport (with Australian Visa)

Passport number _____ Country of issue _____

Immicard

Immicard Number _____

Citizenship Certificate

Stock number _____

Acquisition no _____
day/month/year)

Certificate of Registration by Descent

Acquisition date _____

In accordance with section 11 of the *Student Identifiers Act 2014*, ACSE 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, unless we are required by or under any law to retain it.

(format DD/MM/YY)

STUDENT DECLARATION

1. **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.
2. **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.
3. **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.
4. **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.
5. **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/...../.....

Skilled Capital Eligibility Checklist 2021

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 _____ No _____

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
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.		
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.		
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.		
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.		

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

**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 **ACSE** Pty Ltd 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 subsidised 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 subsidised training with **ACSE** for the purposes of evaluating and assessing my subsidised 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 _____

I declare that all information provided by me to **Australian College of Skills & Education Pty** 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	