

Please use capitals and complete all sections within this form. Incomplete forms will be returned and the enrolment will not be processed. If you require assistance completing this form please contact us.

1. Enter your full name

Surname (Legal Family Name)	<input type="text"/>	Given Names (Legal Given Names)	<input type="text"/>
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2. Enter your birth date (day/month/year)

D	D	M	M	Y	Y	Y	Y
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3. Gender (tick one box only)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex/Unspecified
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4. Enter your contact details

Home phone	<input type="text"/>	Work Phone	<input type="text"/>
Mobile	<input type="text"/>	Email address	<input type="text"/>
Email address (alternative optional)	<input type="text"/>		

5. What is the address and postcode of the suburb, locality or town in which you usually live?

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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name	<input type="text"/>		
Flat/Unit Number	<input type="text"/>	Street Number	<input type="text"/>
		Street Name	<input type="text"/>
Suburb, locality or town	<input type="text"/>	State/Territory	<input type="text"/>
		Postcode	<input type="text"/>

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

Building/property name (if applicable)	<input type="text"/>		
Flat/Unit Number	<input type="text"/>	Street Number	<input type="text"/>
		Street Name	<input type="text"/>
Suburb, locality or town	<input type="text"/>	State/Territory	<input type="text"/>
		Postcode	<input type="text"/>
Email address	<input type="text"/>		

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Document Name	Enrolment form 2019	Reference to AQTF	<input type="text"/>	Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	----------------------	------------	------------	-------------	------------	-------------	----

7. Preferred method for receiving correspondence

Telephone Email Mail

8. Medicare Information

Medicare No. Expiry Date No. on Card

9. Emergency Contact Information (this person must be available to be contacted on the days of enrolment)

Emergency Contact Name Relationship
 Mobile No. Other No.

10. Place of birth

In which country were you born? Australia Other - please specify >
 Town of birth

11. 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 >

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

No Yes, Aboriginal Yes, Torres Strait Islander

13. What is your highest COMPLETED school level? (tick ONE box only)

Completed Year 12 Completed Year 11 Completed Year 10
 Completed Year 9 or equivalent Completed Year 8 or lower Never attended school

14. Are you still attending secondary school?

Yes No

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Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

15. Have you SUCCESSFULLY completed any of the qualifications listed below?

No Yes - please see below

If you have, please enter one of these Prior Education Achievement Recognition Identifiers for each applicable qualification level:
A – Australian, E– Australian equivalent, I – International.

A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	008 - Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 - Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	420 - Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	511 - Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	514 - Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	521 - Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	524 - Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	990 - Certificates other than the above

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

- | | |
|--|---|
| <input type="checkbox"/> 01 - Full-time employee | <input type="checkbox"/> 05 - Employed - unpaid worker in a family business |
| <input type="checkbox"/> 02 - Part-time employee | <input type="checkbox"/> 06 - Unemployed - seeking full-time work |
| <input type="checkbox"/> 03 - Self-employed - not employing others | <input type="checkbox"/> 07 - Unemployed - seeking part-time work |
| <input type="checkbox"/> 04 - Self-employed - employing others | <input type="checkbox"/> 08 - Not employed - not seeking employment |

17. Which of the following classifications BEST describes your current or recent occup[ation]? (tick ONE box only)

- | | |
|---|---|
| <input type="checkbox"/> 1 – Managers | <input type="checkbox"/> 6 – Sales Workers |
| <input type="checkbox"/> 2 – Professionals | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers | <input type="checkbox"/> 8 – Labourers |
| <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 9 – Other |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers | <input type="checkbox"/> 10 – Never Employed (skip next question) |

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Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

18. Which of the following classifications BEST describes the Industry of your current or previous employer?

<input type="checkbox"/> A - Agriculture, Forestry and Fishing	<input type="checkbox"/> H - Accommodation and Food Services	<input type="checkbox"/> O - Public Administration and Safety
<input type="checkbox"/> B - Mining	<input type="checkbox"/> I - Transport, Postal and Warehousing	<input type="checkbox"/> P - Education and Training
<input type="checkbox"/> C - Manufacturing	<input type="checkbox"/> J - Information Media and telecommunications	<input type="checkbox"/> Q - Health Care and Social Assistance
<input type="checkbox"/> D - Electricity, Gas, Water and Waste Services	<input type="checkbox"/> K - Financial and Insurance Services	<input type="checkbox"/> R - Arts and recreation Services
<input type="checkbox"/> E - Construction	<input type="checkbox"/> L - Rental, Hiring and real Estate Services	<input type="checkbox"/> S - Other Services
<input type="checkbox"/> F - Wholesale Trade	<input type="checkbox"/> M - Professional, Scientific and Technical Services	
<input type="checkbox"/> G - Retail Trade	<input type="checkbox"/> N - Administrative and Support Services	

19. Of the following categories, which BEST describes your main reason for undertaking this training? (tick ONE box only)

<input type="checkbox"/> 01 - To get a job	<input type="checkbox"/> 06 - It was a requirement of my job
<input type="checkbox"/> 02 - To develop my existing business	<input type="checkbox"/> 07 - I wanted extra skills for my job
<input type="checkbox"/> 03 - To start my own business	<input type="checkbox"/> 08 - To get into another program of study
<input type="checkbox"/> 04 - To try for a different career	<input type="checkbox"/> 09 - For personal interest or self-development
<input type="checkbox"/> 05 - To get a better job or promotion	<input type="checkbox"/> 10 - Other reasons

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

Yes No

21. If Yes, please indicate the areas of disability, impairment or long-term condition

<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, please specify

Office use only

Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

22. Support

To help us support you, do you require special assistance? Have any special support needs or is there anything to know to provide better support?

If Yes, please provide details of other helpful things to know so that we can individually support you

Yes - please provide details below

No

23. Positive Behaviour

In the classroom, what do you find the most effective method of communication? Are there any strategies which we should practice with you? Please provide a behavioural support plan if you have one

24. Skills Development

What are your learning goals, strengths and skills? What is your preferred style of learning?

25. Medical/health Information

Do you have any medical or health concerns that may affect your ability to participate in the courses, eg asthma, food allergies, epilepsy or seizures?

If Yes, please provide details

Yes - please provide details below

No

Office use only

Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

Courses

Please tick (✓) to select the course you are interested in enrolling in as listed below

SUNSHINE CAMPUS (DISCOVERY PROGRAM)	PLEASE TICK
22294VIC Course in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22293VIC Certificate I in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22301VIC Certificate I in Transition Education	<input type="checkbox"/>
22471VIC Course in Initial General Education for Adults	<input type="checkbox"/>
22476VIC Certificate I in General Education for Adults (Introductory)	<input type="checkbox"/>
CHC24015 Certificate II in Active Volunteering	<input type="checkbox"/>

MALVERN EAST CAMPUS	PLEASE TICK
Pre-Accredited Literacy & Numeracy Courses (Various)	<input type="checkbox"/>
22294VIC Course in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22293VIC Certificate 1 in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22471VIC Course in Initial General Education for Adults	<input type="checkbox"/>
22476VIC Certificate I in General Education for Adults (Introductory)	<input type="checkbox"/>

ONLINE & FLEXIBLE LEARNING	PLEASE TICK
CHC33015 Certificate III in Individual Support (Disability)	<input type="checkbox"/>

*Please note that the delivery of these courses per year may be subject to change.

Office use only

Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

26. Victorian Student Number

To be completed by all students aged up to 24 years.

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

What is your Victorian Student Number? (if known)

No more questions if you provided your VSN.

27. Have you attended any Victorian school since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. (No more questions if you answer No)

Yes - I have attended a Victorian school since 2000. If Yes, what is the most recent Victorian school attended

And/Or

Yes - I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)

1.
2.
3.

28. Unique Student Identifier (USI)

From 1 January 2015, we Inclusion Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program 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.

Enter your Unique Student identifier

Office use only

Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

Inclusion Training is required to provide the Department with student and training activity data. This includes personal information collected in the Inclusion Training enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

Inclusion Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by Inclusion Training; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Inclusion Training's Privacy Officer in the first instance by phone 03 9509 4266 or email learn@inclusiontraining.org.au

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

Student Signature	<input type="text"/>	Date	<input type="text"/>
Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>

*Parental/guardian consent is required for all students under the age of 18.

Office use only

Document Name	Enrolment form 2019	Reference to AQTF	Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	------------	------------	-------------	------------	-------------	----

**SKILLS FIRST PROGRAM
EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION**

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to

(Student's full name)

I have sighted: an original; or a certified copy I have verified through use of a document verification service (where it is possible to do so) **one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <u>green</u> Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> an Australian citizenship by descent extract |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

AND I have retained:

- a copy of the original or certified copy, or
- the certified copy, or
- secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number:

AND if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth, I have also sighted and retained a copy of:

- a current drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.

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Document Name	Enrolment form 2019	Reference to AQTF		Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	--	------------	------------	-------------	------------	-------------	----

Section B - To be completed by the student

Education history

Q1. The highest qualification I have completed OR will have completed at the time the training that I am seeking to enrol in is scheduled to start is:

(Include full title of qualifications, eg. Certificate III in Aged Care)

(circle answer)

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0 1 2 3 4+

Q4. In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+

Q5. (FOR TAFE/DUAL SECTOR ENROLMENT ONLY) If you are seeking to enrol in a course on the 'Free TAFE for Priority Courses List' at a TAFE or Dual Sector University, have you previously commenced a course on the 'Free TAFE for Priority Courses List' and received a fee waiver/exemption for that course?

YES NO

Q6. (FOR TAFE/DUAL SECTOR ENROLMENT ONLY) If your response to question 5 is 'YES', are you seeking to recommence the same course for which you previously received a fee/waiver exemption?

YES NO

Student declaration

I, in seeking to enrol in
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. **I AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school.
(circle appropriate response)
- b. **I AM / AM NOT** enrolled in the Commonwealth Government's Skills for Education and Employment program.
(circle appropriate response)
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Skills First Program.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Student Signature **Date**

Office use only

Document Name	Enrolment form 2019	Reference to AQTF	Issue Date	08/11/2018	Review Date	08/11/2019	Version No.	10
---------------	---------------------	-------------------	------------	------------	-------------	------------	-------------	----





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Inclusion Training is a Foundation Skills Courses approved provider.

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