

enrolment form

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)

Given Names
(Legal Given Names)

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)

Male

Female

Indeterminate/Intersex/Unspecified

4. Enter your contact details

Home phone

Work Phone

Mobile

Email address

Email address
(alternative optional)

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

Flat/Unit
Number

Street
Number

Street
Name

Suburb, locality
or town

State/
Territory

Postcode

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

Building/property name (if applicable)

Flat/Unit
Number

Street
Number

Street
Name

PO box or roadside
delivery box

Suburb, locality
or town

State/
Territory

Postcode

Email address

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Document
Name

Enrolment form 2020

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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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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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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"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get into another program of study
<input type="checkbox"/> To start my own business	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To try for a different career/upskill	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get skills for voluntary/community work
<input type="checkbox"/> It was a requirement of my job	

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. (You may indicate more than one)

<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

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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

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Courses

Please tick (4) to select the course you are interested in enrolling in as listed below

SUNSHINE CAMPUS	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"/>
22301VIC Certificate I in Transition Education	<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.

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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 2009. 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

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Inclusion Training Student Privacy Notice and Declaration

Inclusion Training is committed to protect student's privacy and requires all students (and legal guardians per case) to read and understand the following Privacy Notice.

Information we collect from students:

- name, home address, phone number and email address
- details of next kin or emergency contact person
- place of birth, spoken language other than English
- medical information and support requirements, health or cultural additional needs
- previous education and qualification attainments
- VSN and USI numbers

How we collect private information and data

Personal information is collected at the time of enrolment through the Inclusion Training Enrolment Form.

Throughout your enrolment with Inclusion Training we update your personal details and course progress. Should any changes occur, please contact us to inform us about your change of circumstances.

Evidence of your participation and course progress is documented in class attendance rolls, class activities, trainers' notes and observations. Information may be collected during training sessions, throughout the duration of your enrolment.

Why we collect personal information

Personal information requested in the enrolment form enables us to process your enrolment as per Department of Education and Training requirements.

If you choose not to provide your personal data, it may limit funding opportunities available to you and/or our ability to process your enrolment.

In addition to the Victorian Government VET Student Enrolment Privacy Notice (see next page), Inclusion Training will use your personal information to:

- communicate with you about your course progress
- keep you informed about changes and/or new programs available
- complete day to day administrative tasks
- collect your feedback and suggestions

How we store private information

Student's information and data are electronically stored in student management system software, VETtrak. The VETtrak database is located on a VETtrak hosted server for optimum security and can be accessed by authorised users only, using a password.

Student's enrolment form, copies of identification documents, assessments and assessment results, trainer's notes and any private communication with student are filed in student's individual hard file. Students' individual hard files are stored in a locked designated filing cabinet, at Inclusion Training's head office.

Disclosure of student's private information

Inclusion Training will not reveal any personal or health information to a third party for any reason other than the primary purpose it was collected unless the disclosure is required by law.

Student access to personal information

Should you wish to obtain a copy of any personal information we hold or request information to be deleted or changed please contact us directly at our head office at 67 Sutherland Road, ARMADALE VIC 3143 OR

Phone: 03 9509 4266, Email: learn@inclusiontraining.org.au

Please note we will require you to adequately identify yourself when requesting your personal information.

References:

- Privacy and Data Protection Act 2014 (VIC)
- Health Records Act 2001 (VIC)
- Privacy Act 2018

I declare that the information I have provided in the enrolment form are true and correct to my best knowledge.

I acknowledge that I have read Inclusion Melbourne Privacy Notice.

Student
Signature

Date

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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, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

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 e-mail 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

Date

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SKILLS FIRST PROGRAM
EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

Section A - EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

To be completed by an authorised delegate of the Training Provider - DO NOT LEAVE ANY SECTIONS BLANK

I confirm that in relation to

(Student's full name)

I have SIGHTED one of the following:

- Australian Birth Certificate (not Birth Extract) Current Australian Passport
- Current New Zealand Passport Australian Citizenship certificate
- Current green Medicare Card Australian Citizenship certificate by descent extract
- A proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 2.20 of these Guidelines
- Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.
- A Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross
- Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

By EITHER:

- Viewing an original; OR
- Viewing a certified copy; OR
- Verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.2(b)(iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence]; OR
- Viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

AND I have RETAINED one of the following:

- A copy of the original or certified copy, OR
- The certified copy, OR
- Evidence as set out in Clause 2.2(iii) of these Guidelines [where verified through the DVS]; OR
- A printed or electronic copy of a record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

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: (or if the date of birth has not been verified through use of the DVS), I have also SIGHTED and RETAINED a copy of ONE of the following:

- current drivers licence current learner permit Proof of Age card 'Keypass' card Not applicable

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Section B - EDUCATION HISTORY

TO BE COMPLETED BY THE STUDENT - DO NOT LEAVE ANY SECTIONS BLANK - PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION

Q1. What is the highest qualification I(not including secondary or high school) that you have COMPLETED, or EXPECT TO COMPLETE at the time the training you are applying for is scheduled to start?

(include code and full title of qualification if possible, eg CHC30315, Certificate III in Individual Support (Disability) If you have not completed any qualification, write 'not applicable')

Q2. How many other government funded courses have you enrolled in that will start in the same calendar year as the course/s you are applying for now? (DON'T include the course/s you are applying for now. DO include other course/s at this and other training providers you've enrolled in, but haven't started yet)

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are applying for now, how many other government funded courses are you doing at the moment?

0 1 2 3 4+ (circle number)

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? If you are applying for a course on the Foundation Skills List, tick 'not applicable'.

0 1 2 3 4+ (circle number) not applicable

STUDENT DECLARATION

I, In seeking to enrol in
(print your full name)

(write the code and full title of the qualification/s Include full title of qualification/s)

Declare the following to be true and accurate statements;

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

Signature

Date

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RTO Student Agreement

I certify that the information I have provided in the Inclusion Training Enrolment Form is true and correct.

I have been provided with a copy of the Inclusion Training Student Handbook and had its content discussed with me.

I agree with the content, terms and conditions present in the Inclusion Training Student Handbook and will follow any regulations outlined in it.

Student Signature Date

Inclusion Training undertakes to deliver the course(s) chosen above to the student named in this document.

The Inclusion Training Student Handbook has been provided to, and its contents discussed with the student named in this document.

Applicable fees have been discussed and agreed.

Name of authorised RTO delegate: Position

Signature Date



Armadale | Malvern East | Sunshine

67 Sutherland Road Armadale VIC 3143

PO Box 8093 Armadale VIC 3143

T. 03 9509 4266 F. 03 9576 0378

E. learn@inclusiontraining.org.au W. inclusionmelbourne.org.au/training

 Inclusion Melbourne Inc.  InclusionMelb

ABN 67 568 450 949

Inclusion Training is a Foundation Skills Courses approved provider.

TOID: 6406

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