

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 (as in identification document provided)

Surname (Legal Family Name)	<input type="text"/>	Given Names (Legal Given Names)	<input type="text"/>	Middle Name (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"/>	Mobile Phone	<input type="text"/>
Work Phone	<input type="text"/>	Email address	<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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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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14. 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

15. 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

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

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

18. 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		

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

Yes No

20. 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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Courses

Please tick to select the course you are interested in enrolling in as listed below.

SUNSHINE CAMPUS	PLEASE TICK
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22554VIC Course in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22555VIC Certificate I in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22301VIC Certificate I in Transition Education	<input type="checkbox"/>
22302VIC Certificate I in Work 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"/>

MALVERN EAST CAMPUS	PLEASE TICK
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Pre-Accredited Literacy & Numeracy Courses (Various)	<input type="checkbox"/>
22554VIC Course in Initial Adult Literacy & Numeracy	<input type="checkbox"/>
22555VIC Certificate I 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
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CHC33015 Certificate III in Individual Support (Disability)	<input type="checkbox"/>
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*Please note that the delivery of these courses per year may be subject to change.

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21. 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.

22. 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.

23. 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:

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

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