

# STUDENT ENROLMENT FORM



**TBM College**

Inspire, equip, train and empower all

RTO ID—21209

Version 27—12 01 2016 AK

## Part A—Personal Details (All personal details will be used to issue your qualification)

TBM is required by Higher Education Skills Group (HESG) to ask all of the following questions

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:     /     /	
Surname:			Given Name:		
<p>*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 TBM Training Pty Ltd to apply for a USI on your behalf, <b>you must write your name, including any middle names, exactly as written in the identity document</b> you choose to use for this purpose. See the USI section on page 4 of this form for a detailed explanation.</p>					
Address:					
Building/property Name			Flat/Unit Details		
Street or Lot Number			Street Name		
Suburb, Locality or Town			State/Territory		Postcode
Home Phone:		Mobile:		Email:	
I live in Victoria, Australia <input type="checkbox"/> Yes <input type="checkbox"/> No					
Postal Address (if different):					
Building/property Name			Flat/Unit Details		
Street or Lot Number			Street Name		
Postal Delivery Information (e.g PO Box 254)					
Suburb, Locality or Town			State/Territory		Postcode
<b>Emergency Contact</b>					
Name:		Emergency Number:		Relation:	
<b>Course Details— The Course/ Qualification you are in enrolling in</b>					
Course Code	Course Name	Start Date	Location & Method of Delivery—please tick <u>one</u>		
			<input type="checkbox"/> Cranbourne—Classroom <input type="checkbox"/> Morwell—Classroom <input type="checkbox"/> Work Place <input type="checkbox"/> Distance Learning <input type="checkbox"/> Offsite Delivery		
<b>Education Details</b>					
Are you still attending Secondary School?			No <input type="checkbox"/> Yes <input type="checkbox"/>		
What is your highest COMPLETED School Level?					
<input type="checkbox"/> Completed Year 12			<input type="checkbox"/> Completed Year 9 or equivalent		
<input type="checkbox"/> Completed Year 11			<input type="checkbox"/> Completed Year 8 or lower		
<input type="checkbox"/> Completed Year 10			<input type="checkbox"/> Did not go to school		
<b>In what year did you complete that school level?</b>					

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## Part B—Continued

<b>Employment Status: Of the following categories, which BEST describes your current employment status?</b>	
<input type="checkbox"/> 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
<b>Study Reason: Of the following categories, which BEST describes your main reason for undertaking this</b>	
<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> For personal interest or self-development	<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"/> To try for a different career <input type="checkbox"/> Other.....
<b>Industry of Employment</b>	
<input type="checkbox"/> Agriculture, Forestry and Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Water and Waste Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Transport, Postal and Warehousing <input type="checkbox"/> Information Media and Telecommunications	<input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Education and Training <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts and Recreation Services <input type="checkbox"/> Other Services
<b>Occupation Identifier</b>	
<input type="checkbox"/> Manager <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians and Trades Workers <input type="checkbox"/> Community and Personal Service Workers <input type="checkbox"/> Clerical and Administrative Workers	<input type="checkbox"/> Sales Workers <input type="checkbox"/> Machinery Operators and Drivers <input type="checkbox"/> Labourers <input type="checkbox"/> Other
<b>Workplace Information (Workplace students only)</b>	
Company Name:	Supervisor's Name:
Email Address:	Contact Number:
How many hours a week do you work?	Delta Number: (Office Use Only)
<b>Job Service Provider Details (If Applicable)</b>	
Provider Name:	Provider Location:
Case Managers Name:	Telephone:
Email:	Referral Form Received: Yes <input type="checkbox"/> No <input type="checkbox"/>

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## Part B

### Disability

Do you consider yourself to have a disability, impairment or long term condition? No ☐ Yes ☐

If yes, then please indicate the area of disability, impairment or long term condition: (you may indicate more than one area)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hearing/ Deaf | <input type="checkbox"/> Mental Illness            | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Physical      | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning          |
| <input type="checkbox"/> Intellectual  | <input type="checkbox"/> Vision                    | <input type="checkbox"/> Other _____       |

### Language and Cultural Diversity

Are you an Australian Citizen or Permanent Resident? No ☐ Yes ☐

Are you of Aboriginal or Torres Strait Islander Origin? No ☐ Yes ☐

In which country were you born? Australia ☐ Other (please specify) \_\_\_\_\_

In which city/town were you born? \_\_\_\_\_

Do you speak a language other than English at home? No ☐ Yes ☐ (please specify) \_\_\_\_\_

How well do you speak English? Very Well ☐ Well ☐ Not Well ☐ Not at All ☐

**Previous Qualifications: Have you SUCCESSFULLY completed any of the following qualifications? No ☐ Yes ☐**

If YES, please tick ANY applicable boxes below

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor of Higher Degree                           | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma (or Associate Diploma)                      | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (Or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above      |

**Is this qualification recognised in Australia? NO ☐ YES ☐ - please provide a certified copy with enrolment**

Please list qualifications here: \_\_\_\_\_  
\_\_\_\_\_

### General Acknowledgements

I understand I will be provided with a copy of the Qualification Training Plan Yes ☐ No ☐

I acknowledge that no qualification will be issued if I do not satisfactorily complete all required assessments, course work, material and practical placement component (where appropriate) Yes ☐ No ☐

TBM College must record the name which is presented on your identification on all training material and certificates. TBM cannot record any other names which are not listed on your identification for regulation purposes.

TBM College has provided me with a student handbook:

- ☐ Yes — Version Number: \_\_\_\_\_
- ☐ No — If no, please notify a TBM representative

I acknowledge that I have received, read and understood the information located in the TBM College Student Information Handbook. I have read and understood the General Acknowledgements section.

SIGNATURE:

DATE:

# STUDENT ENROLMENT FORM



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## Unique Student Identifier—To be completed by all students undertaking any course from the 1st of January 2015

From 1st of January 2015, we TBM College 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).

Unique Student Identifier (USI) - A Unique Student Identifier (USI) is a reference number made up of numbers and letters that gives students access to their USI account. A USI will allow an individual's USI account to be linked to the National Vocational Education and Training (VET) Data Collection allowing an individual to see all of their training results from all providers including all completed training units and qualifications.

For more information see [www.usi.gov.au](http://www.usi.gov.au).

If you do not have a USI, TBM College can create one on your behalf.

If you have a USI please provide below:

--	--	--	--	--	--	--	--	--	--

Please contact the TBM office should you require assistance in obtaining a Unique Student Identifier (USI)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Information for USI Application—only required if you do not already have a USI

**Town/City of Birth:** \_\_\_\_\_  
(please write the name of the Australian or overseas town/city where you were born)

We will also need to verify your identity to create your USI.

**Please provide details for one of the forms to identify below.**

**Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provided below.**

### Australian Drivers License:

State: \_\_\_\_\_ License Number: \_\_\_\_\_

### Medicare Card:

Individual Reference Number (next to your name on Medicare Card): \_\_\_\_\_

Card Colour: (select which applies)

Green ☐ expiry date: \_\_\_\_ / \_\_\_\_ (format MM/YYYY)

Yellow ☐ Blue ☐ expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (format DD/MM/YYYY)

### Australian Birth Certificate:

State/Territory: \_\_\_\_\_

### Australian Passport:

Passport Number: \_\_\_\_\_

### Non-Australian Passport (with Australian Visa):

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

### Immicard:

Immicard Number: \_\_\_\_\_

### Citizenship Certificate:

Stock Number: \_\_\_\_\_ Acquisition Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Certificate of Registration by Descent:

Acquisition Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In accordance with section 11 of the *Student Identifiers Act 2014*, TBM College 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 practical 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.

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## Victorian Student Number—to be completed by all 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.

If you aged 24 or below at time of enrolment, please provide your Victorian Student Number:

--	--	--	--	--	--	--	--	--	--

Are you new to the Victorian Education system or do not have your Victorian Student Number?

- ☐ Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider.
- ☐ Yes, but VSN is unknown.
- ☐ No— never been issued with VSN.

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.
- ☐ Yes - I have attended a Victorian school since 2009: 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 organization/s with which you have participated in training in Victoria since 2011 (List up to 3 training organisations).


## Enrolment Officer to Complete

Enrolment Officer: \_\_\_\_\_ Date of enrolment:    /    /    /    Payment Plan: Yes ☐ No ☐

Approved for funding: Yes ☐ No ☐ Payment Received: \$    Cash ☐ Cheque ☐ Card ☐ Purchase Order ☐

Concession Card: Yes ☐ No ☐

If yes, tick relevant card— Health Care Card ☐ Pensioner Concession Card ☐ Veterans Card ☐

Concession also applies to a dependant spouse or dependant child of a card holder.

Card details sighted: Yes ☐ No ☐

## Payment Method for Credit Card Payments

Card Holders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Type: Master Card    Visa

Amount: \$ \_\_\_\_\_

**Terms and Conditions: In case of part payment (DEPOSIT), please complete a payment plan form at the time of enrolment**

This enrolment form must be returned with payment to TBM College, First Floor, 7-9 Bakewell Street, Cranbourne or by mail to PO Box 6013 Cranbourne Park, Cranbourne 3977—Fax to 5995 3156 to reserve a place in course, but original must follow by mail; posted the same day. Further information: Phone 03 5995 3344.

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## STUDENT ACKNOWLEDGEMENTS AGREEMENT

PLEASE NOTE: Before signing please ensure that you have read this document and the TBM College Student Handbook. This is to ensure that the contents is comprehended and if you do not understand something please speak to a TBM representative. By signing this document you are acknowledging that you have read this agreement and student handbook and will abide by the information it contains.

- I have read and understood the student handbook which contains the following policies and procedures – notice to all students, student code of conduct, cheating and plagiarism, credit transfers, RPL process, scope of registration, complaints/appeals and discipline policy, TBM code of practise, fee and refund policy, enrolment variation or transfer of enrolment, addition student information, Victorian Training Guarantee and location/maps (Cranbourne & Morwell)
- I agree to act in accordance with the regulations, statutes, and disciplinary procedures of TBM College
- I agree to uphold the TBM Student Code of Conduct in addition to this I agree to uphold the below list:
  - Alcohol** is not permitted in and around the TBM facility
  - Smoking** is not permitted inside the TBM facility and must be done so outside in the designated areas
  - Taking of drugs or under the influence of drugs** is not permitted at any time in and around TBM facilities
  - Clothing** must be neat and tidy and wear closed toe shoes for OHS purposes
  - Verbal or physical abuse** is not tolerated at any time and offending students will be requested to leave the TBM premises and may face expulsion
- I have been provided with the length and time frame of my desired course at time of enrolment and I agree to abide by these time frames
- I understand I will be provided with a copy of the Qualification Training Plan
- I acknowledge that no qualification will be issued if I do not satisfactory complete all required assessments, course work and practical placement component (where required)
- I agree to uphold TBM College's standards in treating all students, academics and staff members with courtesy and respect. I understand that TBM College has a policy regarding harassment, discrimination and bullying and I am aware that any display of this is unacceptable and could result in being withdrawn from the course or unit

I understand that unforeseen circumstances may result in a change of trainer throughout my studies and that TBM will provide me with support throughout a trainer transition period.

I understand that TBM has a 100% class room attendance requirement and that if an absence occurs due to unforeseen circumstances a catch up plan must be agreed upon and completed between the student and allocated trainer/assessor.

I understand that if I find myself unable to continue with studies due to unforeseen circumstances that I must discuss other options with my Trainer/Assessor and or the Compliance Manager. If this was to result in my withdrawal I will complete a student withdrawal exit interview.

I acknowledge that it is the aim of TBM to ensure that students have every opportunity to undertake the most current nationally recognised qualification. When a training package or unit is superseded there will be a transition period that will enable existing students to finish training in the superseded unit of competency or qualification they are enrolled in. Once the new training package or unit of competency is available TBM will commence delivery of this new package or unit. This allows TBM's students to transition into the new package and have the opportunity to obtain the most current qualification or unit. This process is monitored by TBM management team with the assistance of trainer/assessors.

I ..... acknowledge that I have read and understood the above information in conjunction with the student handbook.

Student Signature: .....

/ /

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## Privacy Statement

I understand that:

TBM College 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 TBM College or the following third parties for administrative, regulatory and/or research purposes:

- School—if I am a school based apprentice or trainee or VET in Schools student.
- Employer—if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators

**The Education and Training Reform Act 2006 requires TBM College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.**

For more information in relation to how student information may be used or disclosed please contact TBM College by email at [alcyce@tbmtraining.com.au](mailto:alcyce@tbmtraining.com.au), by phone on (03) 5995 3344 or by visiting our website [www.tbmtraining.com.au](http://www.tbmtraining.com.au)

## STUDENT SELF DECLARATION

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by TBM College.

I have read all information regarding the course I am enrolling in and I understand that it is my responsibility to provide all relevant and required documentation relating to my eligibility for funding and for the Recognition of my Prior Learning.

I understand and am fully aware of the policy and procedures regarding tuition/contribution fee, refunds and protection of student fees. I also understand that if my payment is not cleared five (5) days after enrolment, I may be withdrawn from the course in this registration.

I agree to uphold TBM College's standards in treating all students, academics and staff members with courtesy and respect. I understand that TBM College has a policy regarding harassment, discrimination and bullying and I am aware that any display of this is unacceptable and could result in being withdrawn from the course or units.

For applicants eligible for government subsidised training under the Victorian Training Guarantee, the following statement also applies:

I declare that I am an Australian Citizen; Australian permanent resident (holder of a permanent visa; New Zealand citizen.

I declare that the information I have provided including any evidence to confirm my date of birth is correct.

I declare to the best of my knowledge and after consulting with TBM College staff, that I meet the Victorian Training Guarantee eligibility criteria.

If you would like TBM College to apply for a USI on your behalf, please fill out the required details on Page 4 of this form.

☐ 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>

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

**Student Name:** ..... **Student Signature:** ..... **Date:** .....  
(If you are under 18 please have a parent or guardian sign)

As the Parent/Guardian of the applicant identified above, I confirm that all information provided to confirm eligibility for government subsidised training, is to the best of my knowledge true, correct and accurate.

**Parent/Guardian Name:** ..... **Parent/Guardian Signature:** ..... **Date:** .....

I confirm that the applicant has been informed of the eligibility requirements for Government subsidised training under the Victorian Training Guarantee, and that the applicant is aware of the consequences arising from false, misleading or an incomplete declaration.

**RTO Representative:** .....

**Position:** ..... **RTO Signature:** ..... **Date:** .....



## VICTORIAN TRAINING GUARANTEE 2016 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT

### Section B—To be completed by student

#### Education history

Q1. The highest qualification I currently hold is:

\_\_\_\_\_

*(Include full titles of qualification, eg. Certificate III in Children's services)*

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised 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+ (circle number)

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

0    1    2    3    4+ (circle number)

Q4. In your lifetime, how many government subsidised 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+ (circle number)

### Section B—To be completed by student

#### Student Declaration

I \_\_\_\_\_, am seeking to enrol in

*(Students 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 is being subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.

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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_





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## VICTORIAN TRAINING GUARANTEE 2016 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

### Section A—To be completed by an authorised delegate of the RTO

#### Evidence of citizenship/residency and age

I confirm that in relation to \_\_\_\_\_  
(Students full name)

I have sighted and original, or a certified copy, or an uncertified copy that I have verified through use of a documentation verification service of one of the of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> an Australian Birth Certificate (no 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 signed declaration by relevant referee |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence |   |

And I have retained:

- ☐ a copy of the original or certified copy, or ☐ the certified copy, or ☐ the uncertified copy and a receipt from a document verification service;

**and if** student's age is relevant to their eligibility and the document produces from the list above does not include a birth date:

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

NB: The RTO must retain a copy of all documentation used in Section A, as per clauses 3.3-4 of these Guidelines.

### Section C—To be completed by an authorised delegate of the RTO

Number of courses student is currently eligible for: ☐ 1 ☐ 2

#### RTO DECLARATION

Based on discussion with the student, the above evidence I have sighted ( and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Victorian Training Guarantee eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Victorian Training Guarantee for the following qualification/s:

\_\_\_\_\_  
(Include full title of qualification/s in which the student is seeking to enrol)

Authorised RTO delegate:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: Use this section to record additional, relevant eligibility information, including information used by the RTO to verify the individual's eligibility that is not captured in Sections, A, B or C.