

Enrolment Form

The following questions have been designed to ensure consistent interpretation of data collected from clients via enrolment forms. Information collected from clients is confidential and will not affect you as an individual in your studies. **All sections must be completed.**

| | | | | | | | | | | | | | | |
|-----------|-------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Course ID | Course name | Jobseeker ID (if held) | | | | | | | | | | | | |
| | | VETTrak Number (office use only) | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--|-------------------------------|----------------------------------|---|---------------|-------------|--|--|--|
| Personal details | | | | | | | | | | | | | |
| Surname | | | | | | Given name/s | | | | | | | |
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | | Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of birth | ___/___/___ | | | |
| Age at 1/1/2012 | <input type="checkbox"/> 15-19 | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 25 + | | | Proof of age evidence sighted | <input type="checkbox"/> Licence | <input type="checkbox"/> Other (please specify) | _____ | | | | |

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|-------|--|--|----------|--|--|--|
| Residential address (this is not to be a PO Box) | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| City/Town | | | | | | | State | | | Postcode | | | |
| Mailing/postal address (if different to residential address) | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| City/Town | | | | | | | State | | | Postcode | | | |

| | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|
| Contact details | | | | | | | | | | | | | |
| Home phone | | | | | | Mobile | | | | | | | |
| Email | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-------------------------------|---------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---|--|--|------------|--|--|--|--|--|
| Your emergency contact | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | |
| Relationship | <input type="checkbox"/> Friend | <input type="checkbox"/> Guardian | <input type="checkbox"/> Parent | <input type="checkbox"/> Relation | <input type="checkbox"/> Spouse/partner | | | | | | | | |
| Home phone | | | | Mobile | | | | Work phone | | | | | |

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Language and cultural diversity | | | | | | | | | | | | | |
| Are you of Aboriginal/Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Not stated | | | | | | | | | | | | |
| In which country were you born? | <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____ | | | | | | | | | | | | |
| Do you speak a language other than English at home? | <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____ | | | | | | | | | | | | |
| How well do you speak English? | <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all | | | | | | | | | | | | |

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| Education details | |
|--|---|
| Are you still attending secondary school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is your highest COMPLETED school level? | <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed VCE <input type="checkbox"/> Completed VCAL Certificate - Senior <input type="checkbox"/> Completed VCAL Certificate - Intermediate |
| | <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 high school |
| | <input type="checkbox"/> Completed Year 9 or equivalent |

| Employment status | | | |
|---|---|--|--|
| Of the following categories, which best describes your current employment status? | <input type="checkbox"/> Full time employee | <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> JSA provider _____ |
| | <input type="checkbox"/> Part time employee | <input type="checkbox"/> Employed – unpaid worker in family business | <input type="checkbox"/> Unemployed – seeking full time work |
| | <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment | <input type="checkbox"/> Unemployed – seeking part time work |
| Where employed? | | How many employees? | <input type="checkbox"/> Up to 20 <input type="checkbox"/> Over 20 |
| What industry? (eg. hospitality, retail etc) | | | |

| Disability | | | |
|--|--|--|--|
| Do you consider yourself to have a disability, impairment or long-term condition? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify the areas of disability, impairment or long-term condition: | <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Other _____ |

| Previous qualifications | | |
|---|---|--|
| Have you successfully COMPLETED any of the following qualifications? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please tick ANY applicable boxes | <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| | <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate I |
| | <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate II <input type="checkbox"/> Other _____ |

| Study reason (tick ONE box only) | |
|---|---|
| Of the following reasons, which BEST describes your main reason for this course / traineeship / apprenticeship? | <input type="checkbox"/> To get a job <input type="checkbox"/> It was a requirement of my job |
| | <input type="checkbox"/> To develop my existing business <input type="checkbox"/> I wanted extra skills for my job |
| | <input type="checkbox"/> To start my own business <input type="checkbox"/> To get into another course of study |
| | <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self development |
| | <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other _____ |

| How did you find out about the course you are enrolling in? | |
|---|--|
| <input type="checkbox"/> Ascent Training Website <input type="checkbox"/> Newspaper advertisements <input type="checkbox"/> Ascent Training flyer <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Radio advertising <input type="checkbox"/> Ascent Training information session <input type="checkbox"/> Search engine, ie Google <input type="checkbox"/> School supplied information <input type="checkbox"/> Previous study with Ascent |
| | |

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| | | | |
|---|--|--|--|
| Student handbook | | | |
| The student handbook outlines the following: | <ul style="list-style-type: none"> • Student fees and charges • Refund policy • Code of conduct | <ul style="list-style-type: none"> • Complaints procedure • Appeals procedure • Assessment guidelines | <ul style="list-style-type: none"> • Student welfare and support services • Recognition of current competencies / prior learning |
| Did Ascent Training supply you with the student information booklet or reference to it? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, please notify a staff member of ATG training division |

| | | | |
|---|---|---|--|
| Australian citizenship status | | | |
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Temporary resident | <input type="checkbox"/> International student |
| VET Fee Help | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Student declaration | | | |
| I declare that the information I have provided at time of enrolment is correct and accurate and understand that falsifying my information may affect my eligibility to obtain government funding. | | | |
| Student signature | | Date | ___ / ___ / ___ |

| | | | |
|--|--|------|-----------------|
| Privacy Statement | | | |
| This section MUST be read and completed by the student for all enrolments | | | |
| <p>I understand that:</p> <p>Ascent Training Group is required to provide governments through government funded training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the VET Student Statistical Collection Guidelines. These Departments of Education, Employment & Training may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, The Education and Training Reform Act requires Ascent Training to collect and disclose my personal information for a number of purposes including updating my personal information on the AVETMIS Student Register.</p> <p>I authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for funded training.</p> <p>For more information in relation to how student information may be used or disclosed please contact Ascent Training group Management & Privacy advisors.</p> <p>I acknowledge and agree to the terms described in this privacy statement:</p> | | | |
| Student signature | | Date | ___ / ___ / ___ |

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Office use only

To be completed by the Trainer and Assessor (TA) and/or in conjunction with RTO Administration

Student eligibility

I certify that in relation to _____ (students name)

I have sighted the original and retained a copy of the following document/s:

- ☐ an Australian Birth Certificate; **or**
☐ a current Australian Passport; **or**
☐ a current New Zealand Passport; **or**
☐ an naturalisation certificate; **or**
☐ a Temporary Protection Visa; **or**
☐ a **green** Medicare Card; **or**
☐ a formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence; **or**
☐ a signed declaration by a relevant referee

and if the students age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- ☐ a current drivers licence; **or**
☐ a current learner permit; **or**
☐ a Proof of Age card; **or**

RTO Representative:

Name: _____

Position: _____

Signature: _____ Date: _____

RTO Admin checks for previous qualifications☐ VETtrak record**Eligibility confirmation**☐ Yes☐ No☐ Eligibility exemption indicator *

* At the discretion of the RTO Operations Manager, an ineligible student may be granted an exemption on the following grounds:

- The training is in a specified area of critical skill shortage
- The applicant is significantly disadvantaged in the local labour market, for example through redundancy
- Other mitigating individual circumstances

Exemptions granted must be accompanied by documented evidence of how the decision was made and maintained in student file.